Commercial Market Strategies

Year Two Annual Report

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Contents

Acronyms

ADEMAS	Agency for the Development of Social Marketing (Senegal)
AID/W	US Agency for International Development/Washington
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
APHA	American Public Health Association
BC	Blue Circle Program (Jordan)
BITC	Business in the Community
BSR	Business for Social Responsibility
CA	Cooperating Agency
CAPS	Commercial and Private Sector Strategies
CBD	Community-Based Distribution
CDIE	Center for Development Information and Evaluation
CHEP	Community Health Education Project
CMS	Commercial Market Strategies
COTR	Contracting Officer's Technical Representative
CS	Child Survival
CSM	Contraceptive Social Marketing
CRS	Contraceptive Retail Sales (Nepal)
CSR	Corporate Social Responsibility
CYP	Couple-Year of Protection
DCA	Development Credit Authority
DFID	Department for International Development (UK)
DHS	Demographic and Health Surveys
DISH	Delivery of Improved Services for Health (Uganda)
DTC	Direct to Consumer
EC	Emergency Contraception
ENTERPRISE	The Family Planning Enterprise Project
FP	Family Planning
FPAN	Family Planning Association of Nepal
FPSD	Family Planning Services Division
FRONTIERS	Reproductive Health Operations Research
G/	Global Bureau
GHC	Global Health Council
GkH	*Goli ke Hamjoli* (India)
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HSR	Health Sector Reform
ICICI	Industrial Credit and Investment Corporation of India Limited
IEC	Information, Education and Communication
IFC	International Finance Corporation
IFPS	Innovations in Family Planning Services Project (India)
IIC	Inter-American Investment Corporation
INITIATIVES	Private Initiatives for Primary Healthcare Project

IPPF	International Planned Parenthood Federation
ISM	Indigenous Systems of Medicine (India)
IUD	Intrauterine Device
IR	Intermediate Result
KAP	Knowledge, Attitudes, and Practice
LLR	Lower-Level Result
LSMS	Living Standards Measurement Study
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MOST	Micro-nutrient Operational Strategies Technologies
MOU	Memorandum of Understanding
MSU	Management Support Unit
MWRA	Married Women of Reproductive Age
NFCC	Nepal Fertility Care Center
NGO	Non-Governmental Organization
NIS	Newly Independent States
O&M	Ogilvy & Mather
OC	Oral Contraceptive
ORS/ORT	Oral Rehydration Salts/Therapy
PAA	Population Association of America
PACT-CRH	Program for Appropriate Commercial Technology — Child and Reproductive Health (India)
PAHO	Pan American Health Organization
PHN	Population, Health & Nutrition
PHR	Partnerships for Health Reform Project
PNC	Postnatal Care
POS	Point of Sale
PWBLF	Prince of Wales Business Leaders Forum
PROFIT	Promoting Financial Investments and Transfers Project
PSI	Population Services International
PSSN	Pariwar Swastha Sewa Network (provider network in Nepal)
PVO	Private Voluntary Organization
RA	Red Apple social marketing program
RH	Reproductive health
RHC	Reproductive Health Care
RME	Research, Monitoring, and Evaluation
RP	Results Package
SIFPSA	State Innovations in Family Planning Services Agency (India)
SMC	Social Marketing Company (Bangladesh)
SO	Strategic Objective
SOMARC	Social marketing for Change Project
STD/STI	Sexually Transmitted Disease/Infection
TAG	Technical Advisory Group
TIPPS	Technical Information on Population for the Private Sector Project
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

Organization of the Document

- **The Executive Summary** presents a brief overview of the major accomplishments of the CMS Project during its second year of operations.

- **The Introduction** provides an overview to the CMS Project, its objectives, and the technical approaches being utilized to implement the Project.

- **Year Two Accomplishments** is a detailed description of the Project's technical progress and achievement against its Work Plan for Year Two.

- **Country Programs** describes all CMS country programs, outlining their objectives and accomplishments for the year.

- **Technical Assistance & Assessments** reviews CMS's accomplishments outside of its country programs in the areas of technical assistance to NGOs and country assessments.

- **The Summa Foundation** section reviews all investments, research and technical assistance tasks performed by the Summa Foundation during the year.

- **Research, Monitoring & Evaluation** addresses all global research tasks, monitoring and evaluation activities, and support provided to country research studies.

- **Communications & Dissemination** outlines and describes key communications and dissemination efforts including marketing publications, technical papers, presentations and web site development.

- **Project Management & Financial Results** reviews the project's organization and financial results, including uses of USAID budget resources and funds leveraged from other donors and partners.

Executive Summary

This is a report of developments during Year Two of the CMS project (October 1999 – October 2000). While Year One was devoted largely to transitioning country programs from former contract vehicles and start-up activities, Year Two has allowed the project team to devote its energy to achieving growth and technical innovation in CMS programs. Country programs were initiated in the Dominican Republic, Jordan and Nicaragua, joining ongoing programs in Brazil, India, Jamaica, Kazakhstan, Madagascar, Morocco, Nepal, Senegal, Uganda and Uzbekistan. In addition, technical assistance to NGOs was provided in Ghana, Peru, the Philippines and Turkey and country assessments were performed in Cambodia, Morocco and Senegal.

Year Two saw the formation of two new partnerships with pharmaceutical companies in Brazil, the establishment of a franchised provider network in Nicaragua and the piloting of a community-based insurance system and a dynamic Clear 7 STI kit for men in Uganda. The CMS program, *Goli ke Hamjoli* (Friends of the Pill) in India received multiple awards for its innovative and culturally appropriate approach to social marketing. CMS was instrumental in encouraging the government of Senegal to change its policy on condoms making them a non-pharmaceutical product thereby opening many new lanes of distribution. Activities encouraging corporate social responsibility continued with the publication of a reproductive health manual for use by Brazilian companies and the joint sponsorship of CSR workshops in Morocco.

The Summa Foundation conducted investment appraisals in Cambodia, Ghana, Kazakhstan, Nicaragua, the Philippines and Uganda. The Foundation gained USAID approval to establish a Ugandan Midwives loan fund and to invest in a private clinic in Nicaragua.

Research, monitoring and evaluation activities made progress toward improving the efficiency of CMS's efforts. A pioneering study of the private sector's role in ensuring ample supplies of contraceptives, or contraceptive security, was initiated during Year Two. The introduction of an Information System to manage the reporting of country-level data will streamline the reporting process and the development of new consumer and provider surveys for inclusion in baseline surveys will better equip country teams to design effective programs.

A new commitment to dissemination and promotion activities was formalized in the hiring of a Communications Director. Through this position, CMS will seek to improve its methods of communications with donors, commercial partners, targeted press and the development community at-large. Results have already accrued in the design and publication of a new quarterly project newsletter, web re-design, systematic briefings to USAID, coordination of the first Technical Advisory Group meeting, the publication of three technical papers, and the redesign of the annual report. The CMS Communications

Director also developed a corporate identity for the Summa Foundation and designed promotional materials and new Summa web site.

The improvements to both project staff and programs achieved during year two of the CMS project will contribute to the continued success of the program in the coming years. CMS looks forward to the challenges of Year Three and will build upon the successes and lessons learned during its first two years to become a better, more efficient provider of healthcare solutions to stimulate private and commercial sector provision of reproductive health services in the developing world.

CMS relies on its vast experience in social marketing to open new markets to interested private and commercial sector partners, but also strives to supply innovative approaches beyond the scope of traditional contraceptive social marketing. The project works to expand reproductive healthcare delivery through the formation of provider networks, the design of innovative health financing and managed care programs, and technical assistance to family planning oriented NGOs. Through the work of the Summa Foundation, CMS also makes financing available to private and commercial sector clients working in the area of reproductive and maternal-child health. Finally, the project works to improve the regulatory environment in developing countries to encourage private sector involvement in family planning and reproductive health provision.

Introduction

Overview of the CMS Project

The Commercial Market Strategies (CMS) Project is a five-year contract of USAID's Bureau for Global Programs, Center for Population, Health and Nutrition (PHN), and the first contract to be implemented under the new Commercial and Private Sector Strategies (CAPS) Results Package. CAPS is a ten-year results package that seeks to increase use of family planning and other health products and services through private sector partners and commercial strategies. The CAPS Results Package responds to a global environment where demand for family planning services exceeds available public resources to satisfy that demand, but where there is a growing potential for the for-profit (commercial) private sector to meet the health care needs of consumers.

As the "flagship" project for CAPS, CMS has the primary objective of increasing the use of high-quality family planning and other health products and services in developing countries by partnering with the private and commercial sectors. The thrust of CMS, however, is to apply strategies that "go beyond" traditional social marketing of contraceptives. CMS focuses on expanding family planning service delivery, new models of health care financing and managed health care, in addition to new and improved social marketing strategies that include diversification of product line and targeted demand creation. Finally, CMS aims to improve the overall policy environment to permit the commercial sector to play a more significant role in delivering basic health and family planning services to new markets and consumers.

The CMS Project is designed to be responsive to the needs of USAID Missions and to play a global technical leadership role, guiding the PHN Center in developing new strategies and innovative approaches for working with the commercial sector. To fulfill this mandate, CMS is implementing a broad range of pilot interventions, research studies, new health care financing options and models, creative financing mechanisms, and disseminating lessons learned. All CMS subprojects and activities support the Strategic Objectives (SOs) of PHN and USAID Missions and the needs of host country organizations and partners.

Meeting the Growing Demand for Health & Family Planning Services

The CMS Project responds to projected population growth in developing countries that is expected to almost double the cost of reproductive health services between 1997 and 2015, from $12 billion to $22 billion. In most developing countries, family planning and other basic health care services are provided through the public sector. However, because of static or even declining public sector and donor funding to cover these costs in many

developing countries, it is estimated that much of the increased expenditures for family planning will have to be borne by consumers through private sector delivery sources. In fact, consumers throughout the developing world are already choosing private sources for pharmaceuticals and primary health care services in the face of inadequate or limited public health care systems.

In the past, the provision of family planning and other basic health services in developing countries was regarded as the concern of the public sector and the donor community. Recently, however, there has been a wave of global health care reform that is creating opportunities for the commercial sector. Many developing countries are looking to privatization of health services and the adoption of commercial sector practices to increase the quality, affordability and efficiency of health care service delivery. By serving the needs of consumers with affordable and high-quality services and by attracting users of public sector services who have the ability to pay for health care, the commercial sector can expand its health care market.

Partnering with the Commercial Sector

Partnering with the commercial sector presents a great opportunity worldwide to expand the delivery of family planning and reproductive health care services. The CAPS Results Package and the CMS Project build upon the significant USAID experience in mobilizing the private and commercial sectors to provide family planning products and services. The numerous predecessor projects, including SOMARC, Enterprise, TIPPS, PROFIT and the social marketing activities of Population Services International, have demonstrated that private sector resources and efficiencies could be channeled into family planning. Those valuable lessons include:

- The commercial sector can be mobilized through partnerships that incorporate and acknowledge its business interests and profit motives.

- Successful partnerships can be created through seed capital or financial risk sharing in order to minimize the commercial sector's risks when entering new markets.

- Family planning services alone are not financially sustainable or profitable enough for the commercial sector. To be profitable, family planning must be integrated into a "broader" set of basic health care services or products, and cross-subsidies and larger volumes can offset thin profit margins.

- Demand creation is the single most important intervention for partnering with the commercial/private sector. The earlier preponderance of supply-side activities, emphasizing products, has not been a fully successful approach.

- Technical assistance in the area of marketing and financial assistance is important for working with private sector providers, such as physicians and midwives.

- The development of networks of trained providers is a promising approach to delivering high-quality services and reaching otherwise unconnected private providers.

- Developing countries typically over-regulate the commercial private sector. Removing trade, policy, and regulatory barriers is essential to expand the role of the commercial sector.

- The issue of who pays for health and family planning services needs to be addressed through mechanisms that pool risks and resources. This requires work in the areas of insurance, third party payments and managed health care approaches.

- PVOs and NGOs will continue to be effective partners for implementing social marketing initiatives. As such, this will require preparing these partners to be commercially sustainable.

- The current environment favors working directly with commercial sector partners, such as pharmaceutical companies, distributors, retailers, pharmacists, insurance companies, and other market-based providers of health care services.

The message from these lessons is clear: the CMS project must move to the next stage in the global promotion of family planning by: 1) building commercial markets for family planning and other health products and services, and 2) establishing mutually beneficial and sustainable partnerships with the commercial sector that address the needs of consumers in developing economies for family planning products and services.

The CMS Vision

The new and broader vision of the CMS Project for building commercial markets for family planning and other health products and services, and for expanding the funding possibilities for market-building activities, includes:

- Integrating family planning with other health services by developing and reconfiguring provider networks, promoting guidelines for high-quality care, diversifying product and service lines, and by forming public-private partnerships.

- Improving market attractiveness for commercial development by acknowledging the profit motive of the commercial sector, removing policy and regulatory barriers, creating targeted consumer demand, and by identifying market segments for commercial sector involvement.

- Mobilizing and supporting the commercial sector by addressing needs for capital, developing innovative risk-sharing mechanisms and financing options for health services, engaging employers and corporations to invest in family planning and other health services; and assisting the transition of donor-funded health services to the commercial sector.

- Building and expanding the capacity of the private sector (NGOs) to achieve greater efficiency, reach and cost recovery in product and service delivery, thus alleviating the burden on the public sector.

Achieving this vision depends on integrating family planning into a broader framework of health products and services, to create more viable "packages" of products and services. Such an approach addresses consumer preferences while increasing the interest of the commercial sector.

To complement efforts to increase the "supply" of products and services, mass media marketing techniques and modern communication approaches will be employed to create demand among consumers for the broader range of products and services. Where possible, demand for primary care, is linked to HIV/AIDS services and a wide range of reproductive and child health services. In practical terms, this change in direction means that, over time, CMS country activities will increasingly include the new, broader scope of work, including demand creation for services. The ultimate objective is to sustain improvements in health that can be supported over the long term by the private and commercial sectors, while public sector and donor resources address the needs of those in greatest need.

Though the primary focus is on reproductive health and family planning, CMS seeks to achieve its goals through initiatives on several fronts.

- **Social marketing** of products and services is CMS's primary means of stimulating consumer demand.

- **Partnerships with pharmaceutical companies** pave the way for lower prices for low and middle-income consumers.

- CMS encourages companies to address reproductive health through **Corporate Social Responsibility** programs.

- CMS assists in the formation and management of **provider networks** to standardize service delivery and reach the largest number of consumers.

- **Technical assistance** to local NGOs providing reproductive health services assures their sustainability.

- **Health financing alternatives**, such as insurance and managed-care plans, are instrumental in ensuring consumer access to commercially provided products and services.

- CMS works to encourage **policy change** on those issues affecting consumer demand for and commercial supply of reproductive health and family planning goods and services.

- Finally, the **Summa Foundation**, an independent foundation backed by USAID and operating in conjunction with CMS, makes capital available and offers technical assistance to private providers, banks and NGOs for expansion of maternal-child healthcare.

Year Two Accomplishments

This section will summarize the accomplishments of the project against its goals and objectives for Year Two, as proposed in the Year Two Workplan approved by USAID. The Workplan set forth a broad and ambitious set of objectives, which included:

- **Developing and implementing five new country programs**
- **Strengthening existing social marketing programs**
- **Establishing new partnerships with pharmaceutical companies in three countries**
- **Developing corporate social responsibility programs in two countries**
- **Creating provider networks/franchising models in two new countries**
- **Launching two new Summa Foundation investments**
- **Providing technical assistance on NGO sustainability in four countries**
- **Developing insurance or third party payment programs in two countries**
- **Addressing policy issues in four countries**

The accomplishments against each of these goals are provided in the following descriptions, along with a discussion of specific issues and challenges that were addressed by the project. More detailed descriptions of activities and initiatives are also given in the Country Programs and Summa Foundation sections of this document.

Developing & Implementing Five New Country Programs

CMS met this goal by implementing two new country programs, in Nicaragua and Jordan, and by designing new country programs in Morocco, Senegal and Cambodia.

The two new programs in Jordan and Nicaragua were operational by January 2000, and have attained all program milestones. Project staff were recruited and project offices were opened in Managua, Nicaragua in November 1999, and in Amman, Jordan by January 2000. The Nicaragua program was able to initiate critical construction programs for a new franchised clinic network using Hurricane Mitch funds. The Jordan program received additional funding ($900,000) from USAID to undertake new social marketing activities, along with service delivery training and linkages with private providers.

Through detailed assessments, CMS designed new programs in three countries (Morocco, Senegal and Cambodia), which were submitted to USAID and approved for implementation. While the program in Cambodia did not receive mission funding, it will be initiated as pilot activity with core funding in Year Three. The findings of the assessments are further described in the Country Programs section.

Strengthening Existing Social Marketing Programs

CMS implemented and assisted a broad range of social marketing programs in Year Two. For example, CMS directly implements distribution-based programs in Morocco, Madagascar and Uganda, and it collaborates in Senegal with a local NGO, ADEMAS, in implementing its social marketing program. CMS also supported IEC campaigns as part of social marketing activities in India, Kazakhstan and Brazil; worked to enhance social marketing programs of NGO partners in Nepal, Ghana and the Dominican Republic; and began efforts to re-launch a social marketing program in Jordan.

The primary focus has been on **increasing targeted sales volume** in social marketing programs. Condom sales were increased in Madagascar, Senegal, and Uganda (the 3 countries where condoms currently are distributed by CMS) 27% in FY2000 over FY1999. Pill sales were increased in Madagascar, Morocco, and Uganda, the 3 countries where pills currently are distributed by CMS in FY2000, by 19% over FY1999 totaling 3.8 million cycles. Injectable sales also increased in Madagascar and Uganda by 108% and 73% respectively and only by 4% in Morocco due to a re-launch effort. The tables below illustrate progress made during FY2000.

	FY1999	FY2000	% Change
Condoms			
Madagascar	4,217,147	4,857,686	15%
Uganda	6,401,760	8,518,925	33%
Senegal	2,365,020	3,116,640	32%
Total	12,983,927	16,493,251	27%

Pills			
Madagascar	79,935	180,651	126%
Uganda	428,040	832,500	95%
Morocco	2,650,604	2,750,011	4%
Total	3,158,579	3,763,162	19%

Injectables			
Madagascar	21,440	44,644	108%
Uganda	172,970	299,760	73%
Morocco	16,614	17,246	4%
Total	211,024	361,650	71%

The emphasis on increased sales continued in the form of technical **assistance** and **training** of marketing and sales staff. Programs in Madagascar, Senegal, and Uganda went through the PRISSM process (Promoting Improvements in Sustainable Social Marketing). PRISSM is an organizational development tool designed to improve quality of program operations and sustain public health impact.

In addition, numerous programs augmented their health impact in CMS countries by adding different contraceptives and other health products and services, outlined on the next page.

CMS Social Marketing Programs - Introduction of New Components

Country	1998	1999	2000	2001
BRAZIL				
Injectable			X	
Emergency Contraception				X
INDIA				
Pill	X			
Injectable				X
JORDAN				
Pill				X
Injectable				X
IUD				X
KAZAKHSTAN				
Pill	X			
Injectable	X			
IUD	X			
MOROCCO				
Pill	X			
Injectable	X			
IUD	X			
ORS	X			
Fortified Flour			X	
MADAGASCAR				
Condom	X			
Pill	X			
Injectable	X			
Water			X	
Bed net				X
SENEGAL				
Condom	X			
New Condom				X
Pill				X
Injectable				X*
UGANDA				
Condom	X			
Pill	X			
Injectable	X			
STD Kit		X		
Bed net			X	
Clean Delivery Kit			X	
Emergency Contraception			X	
VTC**				X
Malaria Treatment				X

* 2002
** Voluntary Testing & Counseling

More broadly, CMS is pursuing its mandate to move subsidized social marketing programs along the spectrum toward non-subsidized models, in partnership with the commercial sector, where appropriate. However, in many countries where CMS has social marketing programs, the shift to non-subsidized models is unlikely due to the low incomes (per capita GNP below $600) in those countries. For middle-income countries, such as Morocco, CMS has been able to create partnerships with the commercial sector to social market contraceptives to target consumers, while permitting pharmaceutical companies to maintain adequate price levels for their products.

Following are descriptions of specific CMS social marketing programs and their accomplishments for the year.

Social Marketing of Condoms, Oral Contraceptives and Injectables in Uganda

Social marketing efforts in Uganda are truly comprehensive — addressing the marketing of condoms, oral contraceptives and injectables. Monthly average sales for all products have exceeded target figures, with sales of the oral contraceptive 18% over target and sales for the injectable up 41%. For 2000, CMS also began marketing an STI cure kit for men known as Clear Seven. Over 2,000 units of the Clear Seven kit were distributed during the year. Condom sales in Uganda increased 121% over 1999 numbers and HIV/ AIDS announcements and promotions reached an audience of over 150,000 people.

Additionally, two new products will be introduced in Year Three – insecticide-treated bed nets and emergency contraception – which will be sold at cost (excluding management and marketing costs). This constitutes a significant departure from other products launched earlier where all costs, including product procurement costs, were subsidized by the project. CMS was able to interest Phamacia (Upjohn) in sending an expert to Uganda to participate in training the new detailing force in the use of Depo-Provera, the three-month injectable contraceptive. Pharmacia will provide similar assistance to CMS programs in Madagascar and Morocco.

Award-winning campaign in Northern India

The *Goli ke Hamjoli* (Friends of the Pill) program received much praise and acclaim over the past year. It was named Healthcare Campaign of the Year at the 1999 Asian Public Relations Awards and also won India's Abby Award from the Bombay Ad Club as the best social concern campaign. The program takes a holistic approach to increasing access to and sales of oral contraceptives. Concentrating its efforts on young urban couples, the program funds ad campaigns, informs opinion leaders in India, trains pharmacists and Indian System of Medicine (ICM) practitioners in the use of OCs, and provides detailing and point of sale materials to doctors and pharmacists. Surveys show that the program has been instrumental in nearly tripling the use of OCs among target women (4% to 11%) during the period from February 1999 to March 2000.

In support of the campaign, CMS negotiated and signed new agreements (MOUs) with Schering, Wyeth and Organon to promote low-dose oral contraceptives. All companies have pledged support in advertising, promotion, detailing and distribution of leaflets.

Nepal uses Strategic Social Marketing to Promote Reproductive Health & Family Planning

In Nepal, CMS's support of two local social marketing programs has strengthened their capabilities. In 1999, these two partners were responsible for 23% of private sector couple-years of protection (CYP) and 3% of all CYPs in Nepal.

At the request of USAID, CMS conducted a detailed assessment of the Nepal Contraceptive Retail Sales (CRS) Company. CRS is a nonprofit social marketing organization operating in the health and family planning sector. Its objective is described as increasing awareness and use of health and birth-spacing FP products among the Nepalese people using modern marketing tools and techniques. The assessment examined all aspects of the sales and distribution and of organizational management of CRS. CMS returned to Nepal to begin implementation of the recommendations made in the assessment report and will continue to do so in FY2001

USAID also supports a practitioners network, Parivar Sewa Swastya Network (PSSN) that offers family planning services through independent private clinics on a fee-for-service basis in the Katmandu valley. CMS provided technical assistance to PSSN with the aim of increasing client volume through an improved marketing strategy. This included launching radio broadcasts, print ads, billboards, signs posters, open houses in clinics and a quarterly newsletter for network doctors. CMS also examined the opportunity proposed a strategy to develop a parallel paramedic network so as to greatly expand provision of family planning and related services especially in the underserved districts outside the Katmandu Valley. A team, including an expert in networks from PSI and Greenstar/Pakistan will develop the design for the paramedic network in early FY 2001.

Madagascar is Promoting Condom Use Among Adolescents — Fighting HIV/AIDS

The CMS social marketing program in Madagascar improved the climate for contraceptive products that fight the transmission of AIDS and other STIs, paying special attention to the needs of youth. The program's methods include:

- The distribution and sale of condoms, pills, and injectables.
- Social marketing campaigns to increase the use of FP products and services.
- Increasing the availability of condoms through the private sector.
- Reinforcing the role of wholesalers in the FP/RH sales and distribution process.

- Educating youth and adolescents on HIV/AIDS and FP topics.

The Madagascar program markets OCs, injectables and condoms. Condom use was up 13% over the past year and use of injectables and OCs are well above target, 53% and 38% respectively.

Senegal Uses a World-renowned Singer as a Spokesman for Condom Use

Working together with ADEMAS, the CMS program has enjoyed great success, with its primary achievement being government approval for expansion of condom distribution beyond pharmacies. As part of a social marketing initiative, world-famous singer Youssou N'Dour performed at concerts throughout Senegal in June and July to promote the use of Protec condoms. As a result nearly 1,500 new points of sale were established during 2000. Now, places such as nightclubs, restaurants and grocery stores sell condoms. CMS has taken the responsibility of training the staffs of these new vendors, conducting 7,686 sensitization visits in the second trimester of 2000 alone. These efforts have resulted in a 39% increase in condom sales over 1999 figures.

Additionally, CMS, at the request of USAID, is pursuing negotiations with Wyeth and Schering to discuss their direct participation as a supplier of oral contraceptives under a manufacturers model. To support the decision of whether or not the manufacturer model will have health impacts, CMS is conducting a market segmentation study using proxies for ability to pay to determine what the market size for a manufacturer's model is. Introducing a manufacturers model would help move the Senegal program to a less subsidized status.

Mobile unit in Morocco Reaches Rural Areas

Social marketing of contraceptives in Morocco under the *Kinat al Hilal* product line has enjoyed much success accounting for nearly all private sector CYPs. CMS completed negotiations with Schering and Wyeth, securing funds to produce new TV commercials promoting the *Kinat al Hilal* brands. The CMS program in Morocco also provides another example where social marketing has been expanded to cover child health through the social marketing of Biosel, an oral rehydration salt. These efforts have resulted in a 30% increase in sales of the product during 2000.

Community Health Education in Uzbekistan

In Uzbekistan, CMS is working in collaboration with local NGOs and community groups knows as Mahallas to introduce people to contraceptive alternatives. Between December 1999 and July 2000, 601 community health education sessions were held reaching over 9,000 participants, of which half were adolescents.

Red Apple Hotline Service in Kazakhstan

The Kazakhstan program offers another example of a consumer hotline designed to address concerns and answer questions related to reproductive health and family planning. Kazakhstan was in special need of an interactive program, such as a hotline, due to widespread fear of hormonal contraception brought on by memories of high-dose varieties popular during the Soviet era. Previous experience in the country had shown that mass media campaigns were not effective in allaying these fears. Call volumes to the hotline increase with each passing month and average monthly sales of OCs in 2000 are double what they were in 1999.

Establishing Partnerships with Pharmaceutical Companies

CMS pursues partnerships with pharmaceutical companies in support of social marketing programs and so that high quality contraceptive products can be made available to consumers at a low cost and in a way that is sustainable. By partnering with the private sector, CMS often helps increase the range/choice of methods made available to consumers while fostering product/company competition that increases market expansion. This in turn saves donor funding because social marketing country programs do not require "product donations." Partnering with the private sector assures continuing accessibility of the quality products and is therefore a key component to assuring contraceptive security.

As proposed, CMS developed new partnerships with pharmaceutical companies in Brazil, Morocco, Senegal and India. A new regional partnership with CELSAM, an NGO sponsored by Schering in Latin America, has yielded a series of initiatives to expand awareness and education of oral contraceptives, the first of which will take place in Guatemala. Global partnerships were explored with a number of companies, and will be pursued further in Year Three.

New Partnerships Formed in Brazil

CMS negotiated and finalized a partnership with Organon to expand the marketing and distribution of Tricilon, the company's injectable, to low income women in Brazil. Organon began to make Tricilon available at a lower cost and CMS contributed to the partnership with market research and social marketing activities. Though still a very new program, sales to target women have shown a marked increase.

Because of the of the CMS-negotiated partnership with Organon, a mass media campaign was aired on television, thereby creating method awareness and Organon, working with BEMFAM (the local IPPF affiliate), agreed to provide consumer educational advertising and promotional materials and product samples free of charge for BEMFAM clinics.

New IEC Campaign for Oral Contraceptives in Morocco

While USAID has been working with the pharmaceutical companies, Wyeth and Schering for many years, CMS was greatly in need of receiving an increased financial contribution from them in order to produce new IEC materials for Morocco in Year Two. CMS completed negotiations with Schering and Wyeth, and succeeded in regaining the previously generated funds from 1998/1999 sales to produce new television commercials for the *Kinat al Hilal* program. Schering and Wyeth also agreed to contribute to the program's media campaign throughout 2000/2001.

Fortified Food in Morocco

Expanding its activities beyond reproductive health and family planning, CMS partnered with Roche Laboratories, the government of Morocco, the Federation of Millers and other donors to create a logo and advertising campaign to promote enriched flour. Roche will supply the vitamin supplements to the millers while the government and donors work on the social marketing front.

Expanded Family Planning Initiative for India

CMS has been working with Wyeth for several years in the promotion of family planning in India. However, CMS greatly expanded the program by signing new agreements/MOUs with all three of the major pharmaceuticals (Schering, Wyeth and Organon) to promote low-dose contraceptives. All companies have pledged support in advertising, promotion, detailing and distribution of leaflets.

Global and Regional Partnership Development

- **CELSAM**
  CMS met with top corporate Schering management in order to design a Latin American regional partnership for CELSAM, a new non-profit organization established by Schering to promote the awareness and use of oral contraceptives in Latin America. CMS and CELSAM agreed on 6 projects of mutual interest and are proceeding to implement the first (Information Booths in Guatemala) in Year Three.

- **Dr. Reddy Condoms**
  CMS developed a global partnership proposal with Dr. Reddy, a manufacturer of condoms from India. CMS completed a draft Business Plan for marketing condoms in Latin America as a way to distribute condoms in Africa under a

subsidy program. Negotiations on this concept will continue in Year Three.

- **ECP Global Initiative**
  CMS reached agreement with USAID and HRA Pharma on the parameters of a global partnership for emergency contraception products (ECP) that includes offering advertising and marketing support for the private, public and NGO sectors in exchange for to-be-negotiated pricing structures and easy-to-read inserts in all packages. Negotiations will also continue on this potential partnership in Year Three.

Creating Provider Networks/Franchising Models

The present healthcare delivery system in most parts of the world is provided through solo practitioners in private practice. And in the developing world most commercial or private sector healthcare providers are struggling to meet the rapidly increasing demand for their services. These practitioners face several challenges. They must attract new patients in order to survive financially, yet they often lack the management experience and other resources necessary to expand their practices. To handle the challenges confronting them, these practitioners must look to form networks among themselves. Networks of providers are far better positioned to take advantage of greater resources and through the sharing of knowledge and experience, networks bring better, more efficient and more consistent service to consumers.

CMS provides various forms of technical assistance to facilitate the improvement of existing networks and also works with providers to form new networks. CMS's specialty is in forming franchised networks, wherein each clinic is a franchise outlet for a regional or nationwide provider of healthcare services.

In Year Two, CMS began implementation of the following provider network projects.

Adapting PROSALUD's Bolivian Model to the Nicaraguan Context

In 1998, Hurricane Mitch destroyed over 70% of the roads, 71 bridges, caused 2,055 deaths, 1,084 disappearances and almost 900,000 injuries. By anyone's measure this hurricane caused a healthcare crisis in parts of Nicaragua. To address the desperate needs of residents in the Mitch-affected areas for access to affordable, quality healthcare, CMS is implementing a $5.5 million project by adapting the highly successful PROSALUD franchise clinic model from Bolivia to the particular needs of the Nicaraguan situation.

CMS began implementing this project in October 1999. CMS is working with a Nicaraguan NGO, PROFAMILIA, on the design and construction of six primary care clinics. These clinics will provide services including OB/GYN, dental care, minor ambulatory care, cancer and STD screening, immunization, and pediatrics plus 24-hour walk-in availability and an on-site lab and pharmacy to over 240,000 lower and middle-

income families. CMS has developed a logo and is planning a social marketing campaign to inform community members of the services to be provided. Ms. Pilar Sebastian, former deputy director of PROSALUD in Bolivia, is leading CMS's involvement in this program. One overarching goal of this program is to have the clinics remain in service long after CMS's involvement has ceased. To this end CMS is doing all it can to ensure the financial sustainability and technical capacity of its NGO partner, PROFAMILIA.

CMS Launches Private Providers Initiative in Morocco

A CMS team visited Morocco from October to December 1999 to assess the current status of the CMS social marketing project and to make recommendations for project development over the next four years. Based on the assessment, the CMS project in Morocco continued its social marketing activities of the Al Hilal-branded products, which include condoms, OCs, and injectables. The assessment also recommended the establishment of a private provider network, which would include the training of general practitioners on matters of family and reproductive health. As part of this new component, CMS organized study tours to Bolivia, Pakistan, Canada and the US. The main thrust of the tours is to demonstrate the effectiveness of private-provider networks, health financing schemes and medical training programs in the countries visited.

Providing NGO Sustainability Technical Assistance

To provide services and achieve its goals, an NGO must ensure that it is capable of functioning efficiently over time. To accomplish this the organization must provide a consistently high level of service, design a management structure best suited to its activities and maximize its financial stability. Based on these needs, CMS has identified three pillars of sustainability:

- Institutional development
- A solid financial base, and
- Quality services/products

One other crucial element of success for an NGO seeking to provide healthcare services is a proper assessment of local needs and priorities. In Year Two, CMS worked in eight countries to improve the sustainability of NGOs and to help them find their niche through a proper assessment of local needs.

Ghana Social Marketing Foundation (GSMF)

CMS provided various forms of technical assistance to GSMF during 2000. In early July CMS coordinated a study tour for members of the Foundation to visit successful NGO programs in Bolivia, Brazil and Mexico. The first stop on the tour was FEMAP, a network of healthcare providers in Mexico, followed by visits to BEMFAM, an NGO specializing in social marketing of contraceptives in Brazil, and PROSALUD a network of providers in Bolivia.

Making the FriendlyCare Foundation in the Philippines Sustainable

Early in Year Two CMS was asked by USAID/ Manila to assist a new healthcare oriented foundation with its sustainability plans and its transition to commercial activities. The CMS team reviewed and revised the business plan in an effort to ensure FCFI's sustainability objectives. Early projections show that by the fifth year all clinic operations should be sustainable and 78% of costs should be covered. The Foundation plans to be providing literally millions of consultations annually for both family planning and general health matters by its sixth year of operations.

Ensuring NGO Sustainability in the Face of USAID Phase-Out in Brazil

With the impending end to USAID reproductive health and family planning funding in Brazil, it is now more important than ever that NGO programs be sustainable. CMS completed its work with Brazil's IPPF affiliate, BEMFAM, to diversify a reliable funding base and secure financial sustainability. Part of the technical assistance provided to BEMFAM was the assessment of commercializing its condom sales and establishing new diagnostic laboratories. A recent financial analysis showed that BEMFAM will be 90% financially self-sufficient by the end of 2000.

CMS Assists Four NGOs in the Dominican Republic

In the case of the Dominican Republic, CMS is working with four NGOs, ADOPLAFAM, INSALUD, MUDE and PROFAMILIA, to achieve better sustainability before USAID funding ceases in four years. CMS's involvement in this effort is a continuation of long-term USAID work with these NGOs on the issue of sustainability. CMS focused on training and information in the areas of sustainability, capacity building, organizational support, exploration of new initiatives and diversification of funding sources.

CMS Supports Nicaraguan Partner

CMS worked with PROFAMILIA to ensure that they agreed to adopt a new financial sustainability plan for the franchised clinic network model. CMS also invited the Board of Directors to visit the PROSALUD clinics in Bolivia to evaluate the lessons learned from this model for a franchised clinic network. CMS also hired a PROSALUD consultant to work directly with PROFAMILIA to ensure that the staff is trained in the implementation of the financial model.

New TA Program in Peru

CMS was asked by the USAID Mission in Peru to provide technical assistance on a viable sustainability strategy for a local NGO, MaxSalud. MaxSalud is a Peruvian NGO started in June 1994 under a contract between USAID/ Peru and University Research

Corporation (URC). MaxSalud was created to address some of the main obstacles in the provision of coverage to low and middle-income populations living in Chiclayo. The purpose of the project was to create a network of self-sustainable primary health services in urban and peri-urban areas of Chiclayo and Lambayaque.

In August 2000, CMS conducted an assessment that covered the following areas:

- Identification of selected alternatives to maximize resources for long term sustainability.
- Analysis of MaxSalud's strategic plan.
- Profitability analysis of MaxSalud services.
- Creation of health care model to make a market niche for MaxSalud.
- Evaluation of organizational structure of MaxSalud.
- Further assistance will be provided to MaxSalud, upon request by USAID.

Uganda Private Midwives Association

CMS has provided financial sustainability technical assistance to the Uganda Private Midwives Association (UPMA) since the inception of the CMS Project in Uganda. Included within that assistance was marketing of the UPMA-run clinic in Kansanga via radio ads, health fairs, brochures, billboards, etc to designed to increase the number of clients seeking services at the clinic. CMS has conducted price reviews, completed a staffing analysis, and recommended marketing activities to increase client loads. Much of CMS' activities with UPMA have been facilitated by CMS hiring and paying for the UPMA Executive Director. Based on CMS' recommendations, the UPMA Executive Management increased the prices of selected services, rationalized the number of staff and conducted limited marketing activities with corporate clients. Based on these changes, the Kansanga clinic is currently is recovering 60% of its operational costs, a significant improvement over the previous year's cost recovery.

Supporting Health Financing Alternatives

CMS supports the development of health financing alternatives for low income people in the developing world. Ensuring that healthcare services are affordable is an integral part of the effort to stimulate private sector involvement. Programs in this area generally consist of assisting insurance plans to broaden their coverage. Insurance provided under the plans is not generally limited to reproductive health or family planning services per se. Rather, the idea is to "package" many different services together with reproductive health and family planning coverage. In this way, consumers seeking coverage for basic healthcare will have an incentive to also seek reproductive health and family planning services because they are covered. Additionally, illnesses associated with high risk or un-planned pregnancies are prevented if family planning is introduced as part of a general wellness insurance package. In Year Two, CMS expanded its interventions in this area.

Insurance Plans in Uganda

CMS/Uganda has made great strides during Year Two in its health financing activities by initiating 7 health plans covering 2000 enrollees between October 1999 and September 2000. In addition, CMS has provided technical assistance to facilitate the organizational development and registration of the Uganda Community Based Health Finance Association (UCBHFA), a provider of re-insurance. Working under a sub-contract with CMS, Health Partners, Inc., a Minnesota based managed care organization, has assisted in improving premiums and cost estimates for UCBHFA schemes, and created a computer-based registration system which can be used by all Uganda-based MHO schemes.

CMS is also working in partnership with Health Partners to pilot a community-based insurance plan designed specifically to increase local access to Lacor Hospital in Northern Uganda. The program, known as Mothers Uplifting Child Health (MUCH), will package maternal-child health options with basic healthcare services. Lacor Hospital has for many years been one of the only providers of basic healthcare to Northern Uganda, the region most directly affected by ongoing unrest.

CMS Supports Development of a Mutuelle in Senegal

In May 2000, CMS initiated discussions with UNACOIS, the largest trade organization in Senegal who wants to set up a mutual health organization (mutuelle), regrouping informal sector merchants, traders, artisans, fishermen and market sellers. Currently UNACOIS, through a network of 24 micro finance savings and loans institutions, has a membership of over 100,000 members. Discussions were held with UNACOIS in September 2000 about starting a feasibility study in one or two areas of Senegal. CMS decided to fund this feasibility study with core funds; the results of the feasibility study will be available in February 2001.

Forming Corporate Social Responsibility Partnerships

Corporations all over the world are being called upon to address issues well outside their traditional focus on shareholder returns. Now consumers and the media are requiring that corporations concern themselves with all stakeholders including employees, customers, communities, shareholders, government, suppliers and competitors.

Women around the world are entering the workforce in ever-greater numbers. HIV/AIDS poses a grave danger to societies and wreaks havoc on workplaces in many parts of the developing world. To be truly socially responsible, companies must address issues concerning reproductive health and family planning. Doing so not only benefits society or the community, it can have hugely beneficial effects on the bottom line through decreased employee absences and medical expenses.

Many have noted that shrinking government influence and resources and the rise of global business operations have resulted in this change in public expectations of corporations. The CMS program is grounded on the premise that shrinking public resources internationally requires facilitation of private sector growth to ensure essential needs are met. CMS wants to encourage the entry of the private sector into healthcare and at the same time encourage good corporate social responsibility among the private sector at-large on issues of reproductive health and family planning.

Reproductive Health Manuals for Brazilian Companies

In partnership with Instituto Ethos, a business association devoted to corporate social responsibility in Brazil, CMS is drafting a manual on reproductive health that will become a part of Ethos's human rights and workplace rules for its members. The manuals will also be bound separately and 10,000 copies printed for ease of distribution. In this way, CMS will reach Ethos's membership of over 200 companies with its reproductive health guidance.

CMS has also agreed to help Ethos create an Advisory Board of reproductive health experts that will work with the Ethos corporate members to implement reproductive health projects on a company by company basis.

Working through US Business Associations in Morocco

CMS has fostered relationships with the American Chamber of Commerce (AmCham) and the US-Morocco Council on Trade and Investment. CMS Morocco plans to hold a series of workshops in conjunction with these groups and their members concerning corporate social responsibility and the role of reproductive health as part of a CSR program.

The US-Morocco Council on Trade and Investment, which is Co-Chaired by the US Ambassador, has agreed to assist CMS in implementing a reproductive health pilot program within the textile industry.

Partnering with Business Associations and Individual Companies in Ghana

The Association of Ghana Industries and the European Union are collaborating with CMS on a survey to determine current knowledge, attitude and practices on reproducitve health and HIV/AIDS among Ghanaian businesses. Survey results will be used to plan a series of regional workshops.

CMS is working with Unilever/Ghana to evaluate and develop reproductive health and HIV/AIDS programs on two palm plantations that will impact 200,000 people in the

surrounding areas. Working with AVSC, a CMS resource organization, CMS is partnering with Frandesco West Africa Ltd, a Ghanaian firm, to design and build a clinic in an area where healthcare is not currently available.

Facilitating Policy Change

CMS works through country USAID missions to encourage policy makers to improve the environment for private sector participation in the provision of reproductive health and family planning services. Policy factors of greatest concern to CMS are those that influence the supply and demand for reproductive health and family planning products and services in the private sector.

On the demand side these include government policies that either provide low-cost or free products and services to consumers or restrict advertising and dissemination of information on the part of the private sector and interested organizations. Supply of products and services is affected by import regulations, policies that restrict access to foreign currency and policies affecting licensing of private providers and the types of products and services they can provide.

Our goal for Year Two was to identify policy interventions in CMS countries and to address and implement initiatives in at least four countries, which we achieved, as detailed below. In addition, we published a policy primer on contracting which has been used as a topic at several workshops at USAID, the IADB and The World Bank, accomplishing the broader role of informing and educating other donors, CA's and constituents. To further our work in the policy arena, CMS developed a *Private Sector Policy Environment Tool* as part of our monitoring and evaluation activities. The tool has been designed to compare the environment for public providers with that for private providers. It also compares the true policy environment in a country with the private sector's perception of the environment. Details of this tool are outlined in the Monitoring and Evaluation section of this report.

Classification of Condoms in Senegal

An example of CMS successfully influencing the policies of a host government can be seen in Senegal. Until this past year condoms were classified as a pharmaceutical product in Senegal. As a result of this classification, condoms could only be distributed at pharmacies greatly suppressing their supply and availability.

Through the efforts of CMS, condoms have been taken out of the pharmaceutical classification and can now be distributed in nightclubs, grocery stores, restaurants etc. This change has resulted in condoms being distributed through at least 1,258 new, non-pharmaceutical points-of-sale. These new distributors are currently accounting for 25% of all sales of Protec, CMS's socially-marketed condom in Senegal. Sales of Protec overall are up 32% over 1999 numbers.

Study Tours for Members of the Moroccan Ministry of Health

In an effort to effect policy change and build consensus among health opinion leaders in Morocco, CMS has organized study tours to Bolivia, Pakistan, Canada and the US. The main thrust of the tours is to demonstrate the effectiveness of private-provider networks, health financing schemes and medical training programs in the countries visited. The hope is that after seeing the results of these initiatives, those on the tour will return home to improve the policy environment in Morocco to encourage private sector solutions.

The first tour, to Quebec, Bolivia and the US, has been completed and included participants from the Ministry of Health, the National Council of the Order of Physicians, the Moroccan Society of Medical Sciences and the Federation of Private General Practitioners. Participants were introduced to managers of provider networks, health financiers and teaching staff from medical schools. The second tour, to Pakistan, will be conducted in late October and early November and will concentrate on demonstrating the success of family planning initiatives within the context of an Islamic society.

India Program Addresses Private-Public Sector Collaboration

CMS India was part of a task force led by the Ministry of Health and Family Welfare (MOHFW) to develop new strategies for collaborating with the private and commercial sector, particularly through for social marketing. The task force recommendations will lead to a change in the structure and focus of the social marketing program. The task force identified collaboration with the commercial sector as an opportunity to expand access to products and services by the Indian public. The challenge will be to encourage the Government of India to work more closely with commercial sector, especially in terms of regulatory changes that expand the contraceptive market. The task force also identified the private medical sector as key to expanding reproductive health services, especially by including traditional doctors and other qualified medical providers. As a result of these recommendations and input from CMS, several pilot projects under the Innovations in Family Planning services project include private providers.

CMS also assisted State Innovations in Family Planning Services Agency (SIFPSA) to subcontract with the private sector for marketing of oral contraceptives and condoms in rural Uttar Pradesh. Both SIFPSA and MOHFW are citing it as one of their major achievements in using the private sector to provide reproductive health products.

Uganda Policy Initiatives

In Uganda, CMS has worked with the National Drug Authority (NDA) and the Ministry of Health on relatively small policy changes that substantially facilitate social marketing and health finance activities. NDA gave CMS permission to sell classified antibiotics

over the counter as part of the Clear 7 kit. NDA and the Ministry have authorized the sale of emergency contraception over the counter in certain districts, and emergency contraception has been included in the Contraceptive Procurement Tables circulated among donors and high level Ministry officials. CMS has worked with NDA to clarify unnecessarily restrictive policies for condom packaging and storage. For insurance, CMS was able to clarify whether community based health financing schemes were required to deposit a set amount of money with the national insurance board.

Country Programs

During Year Two, CMS continued implementation of programs in nine countries and initiated three new programs, in the Dominican Republic, Jordan and Nicaragua. In its existing programs, CMS expanded social marketing activities in India, Morocco, Uganda, Senegal and Madagascar. The project also continued IEC activities in Uzbekistan and Kazakhstan. We identified opportunities for commercial partnerships and negotiated new agreements in Brazil, India, and Morocco.

Descriptions of each of CMS's Country Programs and Year 2000 activities and accomplishments for each follow.

Africa

Madagascar

▼

Population	14.85 M
Infant Mortality Rate	96.3
Total Fertility Rate	6.0
Life Expectancy M/F	51/53
CPR Tot/Mod	19/10
GNP per capita	$260

Source: Population Reference Bureau 2000 World Population Data Sheet

There is a tremendous unmet need for family planning and education regarding STIs/AIDS in Madagascar. One of the poorest countries in the world, over 75% of Madagascar's 14.9 million people live below the poverty line. Gross national product per capita stands at $260 and has declined in real terms by two-thirds since 1970.

The contraceptive prevalence rate in Madagascar is only 10%. Prevalence of STIs is exceptionally high: In some regions researchers report that over 45% of the population has an active STI at any given time. Malagasy youth demonstrate a disturbing lack of knowledge and use of preventative practices which have led to the high STI prevalence rate.

Forty-four percent of Madagascar's population is under 15 years of age. By age 15, 20% of all Malagasy women have had sex, and by age 18, more than two-thirds have had sex. Around one-third of all adolescent girls aged 15-19 have at least one child. Almost one-third of infants are born less than 24 months after their next oldest sibling, which adds to both maternal and infant morbidity rates. Among 15-19 year old women who knew about AIDS and had had sex, only 7% had ever used a condom.

CMS Activities in Madagascar

The Madagascar program is seeking to improve the climate for contraceptive products that fight the transmission of AIDS and other STIs, paying special attention to the needs of youth. The program's methods include:

- The distribution and sale of condoms, pills, and injectables.
- Social marketing campaigns to increase the use of FP products and services.
- Increasing the availability of condoms through the private sector.
- Reinforcing the role of wholesalers in the FP/RH sales and distribution process.
- Educating youth and adolescents on HIV/AIDS and FP topics.

The main activities instituted by the CMS program over the past year include:

- Four 20-minute radio programs addressing condoms and general FP.
- Community-level communications activities targeted at youth (ages 15-29) to promote awareness of HIV/AIDS and to encourage the proper use of condoms.
- Training for healthcare providers and staff on HIV/AIDS and condom use.
- A redesign of packaging for Protector condoms using local focus group recommendations.
- New radio spots for Pilplan oral contraceptive and Confiance injectable.
- Providing information to healthcare providers about hormonal contraceptives – 417 doctors, 101 midwives and staffs of 20 pharmacies and 7 drug shops visited to date.
- Providing information on HIV/STI to NGOs and private firms (5,654 individuals)
- Production of a 30-minute educational AIDS/STI video targeted at youth that will be shown throughout the country via a mobile video unit (MVU).
- Partnerships with MOH and several NGOs to establish clinics to provide AIDS/STI information and services to youth in the main port city of Tamatave (with funding from a private US foundation).

Program Achievements & Impacts

Condom sales in Madagascar have increased by 15% over 1999 numbers. Sales of OCs and injectables are also running well ahead of FY 1999 figures, as shown below.

Sales of CMS Family Planning Products in Madagascar

Product	FY1999	FY2000	Change
Condoms	4,21,147	4,857,686	15%
Pills	79,935	180,651	126%
Injectables	21,440	44,644	108%

Morocco

▼

Population	28.8 M
Infant Mortality Rate	33.3
Total Fertility Rate	4.1
Life Expectancy M/F	67/71
CPR Tot/Mod	59/NA
GNP per capita	$1240

Source: Population Reference Bureau 2000 World Population Data Sheet

Morocco is a lower-middle income country with a per capita GNP of approximately $1,240. Due to slow sectoral reform following a 1992 structural adjustment program, droughts, and other environmental disasters, economic growth has lagged in recent years. A relatively high population growth rate of 1.7% will lead to a doubling of the population in 41 years. This increased population entering the work force is faced with an unemployment rate of nearly 20%. The maternal mortality ratio was 610 per 100,000 live births in 1990. The contraceptive prevalence rate for all methods among married women is 59%, and the total fertility rate is 4.1.

CMS Activities in Morocco

A CMS team visited Morocco from October to December 1999 to assess the current status of the CMS social marketing project and to make recommendations for project development over the next four years.

Based on the assessment, the CMS project in Morocco will continue its social marketing activities of the Al Hilal-branded products, which include condoms, OCs, and injectables. The assessment also suggested the establishment of a private provider network which would include the training of general practitioners on matters of family and reproductive health as well as participation in a fortified food program.

CMS staff visited Morocco from February to March 2000 to finish the strategy developed during the December 2000 visit. Specifically, CMS prepared a budget for 2000-2003 and designed project activities for the year 2000.

The program goals of CMS Morocco are to increase the availability and sustainability of reproductive and general health products and services through the private sector.

In the area of reproductive health and family planning, the program has concentrated its efforts on social marketing for various forms of contraception. CMS is working in partnership with Wyeth and Schering to provide OCs, Pharmacia-Upjohn for an injectable contraceptive, Reacting for IUDs, and with Cooper-Maroc for oral rehydration salts (ORS). The program has produced everything from brochures and posters to radio and television broadcasts for family planning products and services. The program has

sponsored IEC campaigns on reproductive health via mobile unit in 13 provinces. In addition, the program has conducted both qualitative and quantitative surveys of consumers' KAP concerning long-term contraceptives.

To achieve the goal of improving general healthcare in Morocco, the program has:

- Continued the social marketing of IUD's, injectable contraceptives and oral rehydration salts (ORS).
- Begun designing a provider network program. Last year's activities included study tours for Moroccan health opinion leaders to franchise models in the United States, Canada and Bolivia.
- Published and disseminated two magazines directed at General Practitioners and Midwives; focusing on reproductive health needs and products.
- Initiated research on people's food habits which has led to the start up of a campaign to promote enriched foods.

Finally, the program has initiated discussions with AMCHAM Morocco and the Moroccan-American Council for Trade and Investment concerning corporate social responsibility. These discussions are intended to ensure that family planning and reproductive health are considered during any discussions among companies concerning what should be addressed under corporate social responsibility.

Program Achievements & Impacts

In 2000 sales for the *Kinat Al Hilal* line of OCs increased moderately, but accounted for nearly all of the private sector CYPs provided in Morocco. On the general health front, CMS's social marketing strategies were instrumental in increasing sales of Biosel, an oral rehydration salt, by over 62% compared to the previous year.

Sales of CMS Family Planning Products in Morocco

Product	FY1999	FY2000	Change
Pills	2, 650, 604	2, 750, 011	4%
Injectables	16,614	17, 246	4%
IUDs	5, 693	3, 705	-35%

Sales of Other CMS Products ins Morocco

Product	FY1999	FY2000	Change
Biosel (ORS)	450, 684	728, 800	62%

Senegal

▼

Population	9.5 M
Infant Mortality Rate	67.7
Total Fertility Rate	5.7
Life Expectancy M/F	51/54
CPR Tot/Mod	13/8
GNP per capita	$520

Source: Population Reference Bureau 2000 World Population Data Sheet

Senegal, has a GNP per capita of $520. However, income distribution is highly uneven and over 50% of the population of 9.5 million lives below the poverty line. Fertility is high and contraceptive use is low. The total fertility rate was 5.7 in 1997, having declined from 7.3 in 1970, and only 8.1% of married women of reproductive age reported using modern contraceptive methods. Estimated HIV/AIDS prevalence was 1.8% in 1997 and is increasing. The infant mortality rate is 68/1,000 live births, and the maternal mortality ratio is 853/100,000 live births. More than half the population does not have access to safe water.

USAID's reproductive health/family planning objectives in Senegal focus on increasing awareness and acceptability of modern contraceptives through commercial channels. Promoting condom use for both family planning and STI/AIDS prevention is a related objective.

CMS Activities in Senegal

In Senegal, CMS is working in close association with ADEMAS, a local social marketing NGO, to increase the availability of and demand for Protec condoms. Broadly, the goals of the program are to:

- Increase health impact through increased targeted sales of condoms.
- Provide technical assistance to ADEMAS in all areas of social marketing including training and distribution.
- Marketing of Protec condoms to non-traditional points of sale (POS).
- Increase the capacity and sustainability of ADEMAS.

While the sale of condoms has traditionally been limited to pharmacies, the program has succeeded in having condoms re-classified as a non-pharmaceutical product. As a result, condoms are now distributed through several non-traditional POS including, supermarkets, restaurants, cafes, hotels and nightclubs. In fact, 25% of Protec sales come from non-pharmacy distributors.

Product detailing efforts are conducted to orient both pharmacy staff and non-traditional POS staff with the Protec products. On-site training activities are also conducted at POS

locations. On the demand side, the program seeks to promote and educate on FP/RH issues through community sensitization and media advertising.

With assistance from CMS, ADEMAS is preparing to launch hormonal products in 2001.

Program Achievements

From October 1999 to September 2000 CMS/ADEMAS have accomplished the following:

- Elaborated new marketing and communication strategies for Protec and pre-tested new slogan.
- Convened meeting with trainers and the Union of Pharmacists to plan the implementation of pharmacy staff training and updated training manual on STI/AIDS.
- Sold 3,116,340 units of Protec condoms.
- Created 1,258 new points of sale.
- Trained 710 non-traditional POS agents.
- Conducted 22,500 detailing visits in Dakar and other cities.
- Recruited Publisen as project advertising agency and developed new media campaign.
- Identified and sensitized wholesalers and semi-wholesalers interested in stocking and distributing Protec condoms, especially outside Dakar.
- Designed promotional and educational activities including radio and TV spots with Youssou N'dour.
- Coordinated community sensitization activities with MOH departments and NGOs on the International AIDS Day, the Women's Mobilization week against AIDS, and the African Soccer Cup.
- Finalized strategic plan for oral contraceptives, received approval from MOH.
- Study tour of Bolivia, Brazil and Mexico was completed by the Executive Director and Marketing Manager of ADEMAS.

Protec Condom Sales

FY1999	FY2000	Change
2,365,020	3,116,640	32%

Uganda

▼

Population	23.3 M
Infant Mortality Rate	81.3
Total Fertility Rate	6.9
Life Expectancy M/F	42/43
CPR Tot/Mod	15/8
GNP per capita	$310

Source: Population Reference Bureau 2000 World Population Data Sheet

Uganda is one of the poorest countries in the world. Despite steady economic growth during the last decade, the GNP per capita is only $310, and half the population lives below the poverty line. The total fertility rate has declined only slightly since 1970, from 7.1 to 6.9. Modern method contraceptive prevalence was only 8% in 1995. Estimated HIV/AIDS prevalence is 9.5% and may be as high as 30% among some urban populations. Average life expectancy in Uganda is only 42 years. The infant mortality rate is 81 per 1,000 live births, and the maternal mortality ratio is 506 per 100,000 live births. Less than half the population has access to clean water, micronutrient deficiency rates are high, and malaria is endemic.

CMS Activities in Uganda

The Uganda program seeks to improve the climate for RH and FP on several fronts. It is a multi-faceted and comprehensive country program that has enjoyed much success. CMS has been instrumental in bringing reproductive health and family planning services along with general healthcare services to the conflict areas in northern Uganda. The activities in which the program is engaged include:

- **Social Marketing**
    - Marketed and distributed Pilplan (OC) and Injectaplan (Injectable).
    - Redesigned packaging for the Protector condom and launched the "Protector: My Choice" campaign.
    - Introduced and marketed the Clear Seven Kit (containing antibiotics, condoms and referral/notification cards for sexual partners) for the treatment of STIs in men.
    - Identified a source for ECs and negotiated distribution and
    - packaging rights.
    - Developed a work plan to market insecticide-treated bednets and Clean Delivery Kits (CDKs) in 2001.

- **Health Financing and Community-Based Insurance**
    - Working with Healthpartners to design the Mothers Uplifting Child Health (MUCH) program — a community-based insurance program designed to increase patient access to Lacor Hospital.

- Facilitated enrollment of seven new community plans, covering over 2000 people in the Uganda Health Cooperative (UHC).
- Assisting UHC in development of a database to track patient activities within the cooperative.

- **Technical Assistance**
  - Provided sustainability advice to the Uganda Private Midwives Association's Kansanga clinic.

To improve the ability of CMS to operate in the war-torn northern regions of Uganda, a CMS office was opened in Arua. The opening of this office occasioned much praise from US Ambassador Brennan who had noted the dire need for HIV/AIDS and FP programs in the region.

Program Achievements & Impacts

The successes of CMS's activities in Uganda are truly noteworthy. Condom sales in the country are up 33% over the previous year. An audience of over 150,000 people has been reached by promotional campaigns targeted mainly at HIV/AIDS. Nearly 2,000 Clear Seven kits have been distributed resulting in a cure rate of STIs for users of 84%. Condom usage among men using Clear Seven kits is also dramatically higher. Technical assistance provided to the Uganda Private Midwives Association's Kansanga clinic has allowed the clinic to recover 70% of its operation costs, a significant improvement over the previous year.

Sales of CMS Family Planning Products in Uganda

Product	FY1999	FY2000	Change
Condoms	6,401,760	8,518,925	33%
Pills	428,040	832,500	95%
Injectables	172,970	299,760	73%

Asia

India

Population	1000 M
Infant Mortality Rate	72
Total Fertility Rate	3.3
Life Expectancy M/F	60/61
CPR Tot/Mod	48/43
GNP per capita	$440

Source: Population Reference Bureau 2000 World Population Data Sheet

With only 2.4% of the world's land area, India supports more than 16% of the world's population. Despite recent declines in the population growth rate, India's population is exploding at a rate of 18 million people a year and now exceeds 1 billion. Economic growth has improved in recent years, but over 52% of India's population still live below the poverty level. India's per capita income is $440. Poor nutritional status and high prevalence of diarrheal diseases and malaria contribute to a high maternal mortality ratio (376 per 100,000 live births) and infant mortality rate (72 per 1,000 live births). India's HIV positive population is expected to reach 5 million this year.

The contraceptive prevalence rate for all methods is 48% (43% for modern methods), with a heavy emphasis on permanent methods. Since the 1970s, the focus has been on sterilization and has only recently shifted to include spacing methods. Female sterilization accounts for 67% of all current contraceptive use among married women, and India has one of the lowest levels of oral contraceptive (OC) use in the world – 2.1% of married women of reproductive age in the most recent survey.

CMS Activities in India

The CMS *Goli ke Hamjoli* (Friends of the Pill) program, funded by USAID/ New Delhi through the Program for Advancement of Commercial Technology – Child and Reproductive Health (PACT-CRH) has enjoyed great success. It was named Healthcare Campaign of the Year at the 1999 Asian Public Relations Awards and won India's Abby Award from the Bombay Ad Club as the best social concern campaign.

The campaign is designed to promote the use of OCs by young urban couples and to encourage pharmaceutical firms to take interest in a growing market. To facilitate these efforts, CMS has developed partnerships with Wyeth, Schering and Organon for low cost OCs. Promotional activities include:

- Market research among both consumers and providers.
- A mass-media ad campaign in conjunction with Ogilvy & Mather using endorsements from a doctor to address myths and concerns.

- Providing information to opinion leaders and healthcare providers.
- Direct mailings to doctors and chemists.
- Endorsement by the specialist medical community.
- Training of ISM practitioners and chemists in the use of OCs.
- Detailing and point-of-sale materials for trained doctors and chemists.
- Brand promotion by social marketing firms.

CMS continued to provide technical assistance to the State Innovations in Family Planning Services Agency (SIFPSA), a local NGO in Uttar Pradesh. This assistance concentrates on improved social marketing techniques for rural communities under the Innovations in Family Planning Services (IFPS) project.

IFPS has also worked to increase rural access to contraceptives through subsidies on condoms and OCs in small villages. Finally, IFPS has taken initial steps to explore alternatives to encourage private sector participation in family planning services in Uttar Pradesh.

Program Achievements & Impacts

Achievements for the India program in 2000 include the training of 19,976 chemists and 9,303 doctors and new partnerships with Organon/Infar and Schering AG/German Remedies. Sample surveys of married non-sterilized women 19-29 years of age found that pill use almost tripled in Northern India from 4% in February 1999 to 11% in March 2000. An additional 15% of the women surveyed in March intended to use pills in the near future and 82% recalled seeing ads from the Goli ke Hamjoli campaign. Finally, research suggests the overall market for OCs in Northern India has increased 15-20% since the initiation of the program in 1998.

Nepal

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Population	23.9 M
Infant Mortality Rate	78.5
Total Fertility Rate	4.6
Life Expectancy M/F	58/57
CPR Tot/Mod	29/26
GNP per capita	$210

Source: Population Reference Bureau 2000 World Population Data Sheet

While Nepal has shown encouraging progress toward reaching the government's health policy goals, support for family planning and maternal and child health programs is still necessary. There remains a very large unmet need for family planning, a great number of gaps in family planning and maternal and child health service delivery, and a large number of high-risk births. The infant mortality rate is 79 per 1,000 live births, the total fertility rate is 4.6, and the maternal mortality ratio is 1,500 per 100,000 live births. The contraceptive prevalence rate is 29%, with sterilization accounting for the majority. With a strong demand for birth spacing methods, there is a tremendous potential for modern methods.

CMS Activities in Nepal

The CMS program in Nepal is working to improve the effectiveness of two existing private sector groups working to increase access to family planning services. CMS provides technical assistance in marketing to PSSN, a network of private doctors, and to Contraceptive Retail Sales (CRS) is a social marketing agency in Nepal devoted to increased access to family planning services.

At the request of USAID, CMS conducted a detailed assessment of CRS, a nonprofit social marketing organization operating in the health and family planning sector. Its objective is described as increasing awareness and use of health and birth-spacing FP products among the Nepalese people using modern marketing tools and techniques. The assessment examined all aspects of the sales and distribution and of organizational management of CRS. CMS returned to Nepal to begin implementation of the recommendations made in the assessment report and will continue to do so in FY2001

USAID supports a practitioners network, Parivar Sewa Swastya Network (PSSN) that offers family planning services through independent private clinics on a fee-for-service basis in the Katmandu valley. CMS provided technical assistance to PSSN with the aim of increasing client volume through an improved marketing strategy. This included launching radio broadcasts, print ads, billboards, signs posters, open houses in clinics and a quarterly newsletter for network doctors. CMS also examined the opportunity proposed a strategy to develop a parallel paramedic network so as to greatly expand provision of family planning and related services especially in the underserved districts outside the

Katmandu Valley. A team, including an expert in networks from PSI and Greenstar/Pakistan will develop the design for the paramedic network in early FY 2001.

Program Achievements & Impacts

The Nepal program has been very active in the past year. Over 2,540 calls have been serviced by the family planning and reproductive health hotline. The program has been responsible for the distribution of 9,000 posters and 300,000 flyers and has conducted sixteen medical missions and hosted sixteen open houses. These efforts resulted in 26,068 clients served and the provision of 36,248 CYPs during 1999, accounting for 23% of private sector CYPs and 3% of all CYPs in Nepal.

Latin America / Caribbean

Brazil

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Population	170 M
Infant Mortality Rate	37.99
Total Fertility Rate	2.4
Life Expectancy M/F	64/71
CPR Tot/Mod	77/70
GNP per capita	$4630

Source: Population Reference Bureau 2000 World Population Data Sheet

Brazil is an upper-middle income country that has virtually completed its transition to low levels of fertility, mortality, and population growth. Its population of approximately 168 million is close to one-third of the total population of the Latin America/Caribbean (LAC) region. Brazil's $4,630 per capita gross national product (GNP) is slightly lower than the average for upper-middle income countries, but higher than average for the LAC region. In spite of its relatively high income level, Brazil lags behind other countries in the region in key social indicators including infant and child mortality, access to safe water, and income distribution. In part, this reflects Brazil's regional diversity, but it is also a dimension of the gap between rich and poor in many large cities. Brazil is highly urbanized, with approximately 80 percent of its population residing in urban areas.

The period from the early 1960s to the late 1990s witnessed rapid demographic changes in Brazil. The population growth rate, which was around three percent per annum in the 1960s, dropped to 1.3 percent in the 1990s. The total fertility rate declined from around six births per woman of reproductive age to less than 2.5, while contraceptive prevalence increased from approximately 10 percent to 75 percent. This increase, however, is hampered by an over-reliance on a few contraceptive methods. The most widely used methods are sterilization (40% of married women of reproductive age) and OCs (21%). Only 3% of women use condoms.

There are an estimated 1.4 million induced abortions per year in Brazil. The Brazilian Ministry of Health recognizes that too many women rely on sterilization, many of which are young, when they get sterilized and later wish to reverse the sterilization. As such, the MOH supports the introduction of other contraceptive methods.

CMS Activities in Brazil

CMS's primary involvement in Brazil has come through TA provided to BEMFAM, the NGO acting as Brazil's IPPF affiliate. TA has been provided both in areas of institutional sustainability and social marketing. CMS has been instrumental in improving the marketing of BEMFAM's socially marketed condom, Prosex. In the area of

sustainability, CMS has provided assistance to BEMFAM in improving the operations and income generated by the NGO's clinical analysis laboratories. Sustainability of BEMFAM's operations are a key concern due to the cessation of USAID assistance for FP/RH programs in Brazil.

CMS has recently broadened its involvement in Brazil by pursuing partnerships with pharmaceutical companies to market injectables and an emergency contraceptive. CMS has partnered with Organon for the marketing and distribution of Tricilon, a three-month injectable. The marketing campaign has been instituted and CMS is now monitoring sales. A partnership with Ache, a large Brazilian pharmaceutical firm, for a similar agreement regarding an emergency contraceptive is being negotiated.
On the corporate social responsibility front, CMS has been working with Instituto Ethos on production of a women's reproductive health manual for distribution to Ethos's 200-plus member companies. Instituto Ethos is an association of Brazilian businesses interested in furthering social responsibility.

Program Achievements & Impacts

Efforts to ensure the sustainability of BEMFAM programs in the face of USAID's impending withdrawal have been largely successful. The NGO reports that it will be 91% self-sustaining by the end of 2000 due to:

- Growth in sales of the Prosex condom.
- Diversification of services and better pricing in its contracts with municipalities.
- Improved cost controls and profitability in its clinical analysis laboratories.
- Involvement in new areas of RH including HIV/AIDS, cervical cancer screening and adolescent programs.
- New funding sources.

Recent efforts in the area of ECs and injectables are both pioneering advancements within the Brazilian market. In fact, the EC program will be the first attempt to market an EC directly to consumers in a developing country. Both initiatives will greatly increase women's choices in the area of FP.

Dominican Republic

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Population	8.4 M
Infant Mortality Rate	46.6
Total Fertility Rate	3.1
Life Expectancy M/F	67/71
CPR Tot/Mod	64/59
GNP per capita	$1770

Source: Population Reference Bureau 2000 World Population Data Sheet

The Dominican Republic occupies the major part of the island of Hispaniola, which it shares with Haiti. It has a population of approximately 8.2 million and an annual growth rate of 1.8%. Infant mortality is high and 41% of children who are hospitalized are suffering from malnutrition. The average number of children born to each woman dropped from 7.5 in 1965 to 3.3 in 1995.

Almost half of all women in union practice modern contraception, about 64% choosing sterilization. Only 20% use oral contraceptives. This means that Dominican women generally choose to limit, rather than space, their births. Teenage pregnancy is a serious problem that appears to be worsening. In 1996 about 23% of girls aged between 15 and 19 had had at least one pregnancy. Since the first case of AIDS was reported in 1983, the incidence of the disease has risen to approximately 5 cases per 100,000 of the population in 1995.

CMS Activities in the Dominical Republic

The CMS program in the Dominican Republic provides various forms of assistance to Adoplafam, Insalud, Mude, and Profamilia, four national NGOs. The goals of the program are to:

- Increase organizational capacity of NGOs.
- Increase sound management practices such as strategic and business planning.
- Improve financial management.
- Decrease dependence on USAID funds.
- Improve quality of services.

To this end the program seeks to facilitate the NGOs' interaction with the private sector through a better understanding of commercial issues and private sector business skills. Technical assistance has also been provided to assist the NGOs in diversifying their funding bases. CMS will work with these NGOs to increase the quality and sustainability of healthcare provided, and will focus particularly on marketing affordable products and services to lower income communities in and around Santo Domingo.

Program Achievements & Impacts

Though the program in the Dominican Republic is still quite new, some accomplishments are worthy of reporting. Two technical assistance (sustainability) workshops have been conducted for the area NGO representatives and all four partner NGOs have submitted their Sustainability Plans to CMS. CMS staff has conducted formal analyses of these plans and a local sustainability consultant has been hired to provide consistent TA to the four partner NGOs.

Future outcomes include:

- NGOs will have refined and realistic sustainability plans to guide them through the sustainability process over the next 3 years.

- NGOs will have developed sound business plans and diversified their funding base by at least one new donor or a new source of income.

- NGOs will form at least one new partnership to exploit commercial market opportunities.

- The creation of a revolving fund through which NGOs may re-invest revenues from contraceptive sales.

- The development of long-term strategic plans.

    - Increased quality of care and sustainable health impact (for the NGOs that offer clinical services):
    - # of follow up visits will increase
    - # of clients reporting appropriate waiting time and sufficient time with provider will increase
    - # of clients who receive counselling on all contraceptive methods, and
    - # of clinics that are instituting quality norms and standards required by WHO.

- Sales of affordable products to low income populations will increase.

Jamaica

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Population	2.6 M
Infant Mortality Rate	24.4
Total Fertility Rate	2.6
Life Expectancy M/F	70/73
CPR Tot/Mod	66/63
GNP per capita	$1740

Source: Population Reference Bureau 2000 World Population Data Sheet

While national family planning programs for adults have been very successful in Jamaica, there is a growing concern for the reproductive health of Jamaica's youth. Average life expectancy at birth is relatively high at 70-73 years. The total fertility rate declined from 4.5 in 1975 to 2.6 in 1997. Awareness of modern contraceptive methods is virtually universal, and contraceptive use is high. Jamaica's contraceptive prevalence rate among women in union increased from 62% in 1993 to 66% in 1997. However, with its economy in recession, Jamaica's unemployment rate has risen to 16% and one-fourth of the population lives below the poverty line. The national adult HIV prevalence is 0.99%, and the incidence of STIs, especially AIDS, is increasing. Jamaican youth become sexually active early (the mean age at first intercourse is 13.4 years for boys and 15.9 years for girls), have high risks of unintended pregnancy and STI/HIV infection and low awareness of and/or access to health products and services.

CMS Activities in Jamaica

Given concerns for the reproductive health status of Jamaican adolescents, CMS is working in partnership with the private sector to increase youth access to and use of condoms and safer sex information. There is limited knowledge of the needs and consumer behaviors of young Jamaicans, aged 10-19 years. Therefore, CMS has been conducting two large research efforts to fill the information gap: 1) a youth consumer survey to assess their need for condoms and safer sex information; and 2) a condom retail distribution survey to determine the private/commercial sector's ability and interest in meeting these needs.

Once complete, the results of this research will be made available to private sector providers/distributors, government agencies, CAs and other stakeholders. CMS will then work closely with private sector partners to develop interventions that promote condom use and other safer sex behaviors among youth. Although specific interventions have not yet been designed, they could include IEC campaigns, condom promotion, peer education/distribution programs, retailer/provider sensitization, development of youth-friendly retail sites, etc.

Program Achievements & Impacts

CMS focused efforts on developing quality survey tools and securing input/approvals from key stakeholders in Jamaica, including USAID, Ministry of Health, Ministry of Education, and the CA community (especially the Adolescent Reprocutive Health Project).

Nicaragua

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Population	5.0 M
Infant Mortality Rate	40.0
Total Fertility Rate	4.4
Life Expectancy M/F	66/71
CPR Tot/Mod	60/57
GNP per capita	$370

Source: Population Reference Bureau 2000 World Population Data Sheet

Nicaragua is the largest but most sparsely- populated of the Central American nations, with a population of 5.1 million. With its real growth rate dropping significantly after the robust years of 1996 and 1997 to an estimated 4% in 1998. Per capita income in Nicaragua is $370, the lowest in Central America. Half of the population is below the poverty line and over half are unemployed or underemployed. This poverty is concentrated in the country's rural areas, where more than 75% of households are considered poor. Furthermore, 70% of the rural population lacks adequate access to clean water. Nicaragua's geography makes it particularly vulnerable to natural disasters such as earthquakes, volcanic eruptions, landslides, and hurricanes.

CMS Activities in Nicaragua

The focus of the CMS program in Nicaragua is on improving access to essential healthcare in those areas affected by Hurricane Mitch. To accomplish this goal the program is establishing a network of between six and eight private sector clinics. These clinics will be largely self-financing and will supply essential healthcare services to 240,000 lower to middle income consumers in Hurricane Mitch-affected areas, most of which are remote, rural regions of the country with few health facilities.

The clinics will be managed as a franchised provider network along the model of the successful PROSALUD network in Bolivia. CMS has partnered with the Nicaraguan IPPF affiliate, PROFAMILIA to design and implement this program. A former deputy director of the PROSALUD program is taking the lead for CMS in adapting the Bolivian model to the specific needs of the Nicaraguan context. The clinics will provide a range of healthcare services including OB/GYN, dental care, minor ambulatory care and cancer and STD screening.

To ensure the sustainability of the program, CMS is working with PROFAMILIA to build the NGO's capacity so that it can ultimately operate the network. CMS will also design and implement several social marketing strategies for the services provided by the network.

Program Achievements & Impacts

The program began operations in November 1999, so achievements to date have centered around the basic construction of the provider network. CMS is responsible for all aspects of site selection, design and construction for the facilities. Two architectural designs, a Basic and Expanded Model, have been finalized. To choose proper sites for the clinics, CMS undertook in-depth market research studies in 11 municipalities, collecting over 2,000 responses. On the basis of these studies, six municipalities were approved for clinic sites.

Properties have been purchased for all six clinic sites and construction has begun on three of them. Equipment for six clinics has been purchased and a marketing plan developed to ensure local demand for the clinics' services. Details such as personnel and administrative policies and an operations plan have all been developed for the clinics.

This model of a private sector network of franchised clinics has already been successfully carried out by PROSALUD in Bolivia. To effectively share the knowledge and lessons learned from the Bolivian program, six staff members and five board members of PROFAMILIA visited PROSALUD's operations during the past year.

CMS wants to ensure from the outset that this program will survive long after CMS's involvement has ceased. To this end, CMS is doing all it can to build the management capacity of PROFAMILIA and to facilitate the financial self-sufficiency of the franchised clinics. Fifteen manuals covering the initiation, development and implementation of the PROSALUD model of clinic franchising have been prepared for PROFAMILIA's use. Two sustainability workshops and extensive training have been offered to PROFAMILIA staff and financial sustainability analyses of the proposed clinics suggest that at least three clinics will be self-sufficient by year two of operations.

Near East

Jordan

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Population	5.08 M
Infant Mortality Rate	34.0
Total Fertility Rate	4.4
Life Expectancy M/F	68/70
CPR Tot/Mod	53/38
GNP per capita	$1150

Source: Population Reference Bureau 2000 World Population Data Sheet

In recent years Jordan has experienced positive changes in its environment for family planning and reproductive health services. In spite of conservative religious and cultural forces, there is widespread acceptance of family planning. Mass media campaigns have increased knowledge and use of contraceptives among Jordanians. Concurrently, a trend in delaying marriage — related to the government's recent efforts to promote education and literacy for women — has contributed to a reduction in fertility. Despite these trends, Jordan faces many problems in its effort to bring effective reproductive healthcare to the general population. Illustrative of the range of problems are the following:

- The one-year contraceptive discontinuation rate is over 50%.
- For oral contraceptives (OCs) the one-year discontinuation rate is 68%.
- 14% of all users experience method failure within one year of adoption.
- 37% of births are mistimed or unwanted.
- Two-thirds of births fall into one or more high-risk categories.
- Contraceptive costs are high in Jordan. The cost to the government for a year of protection is, on average across methods, 3.7 times higher than the international average. According to a TFGI report in 1998, this is due to the government's policy of providing free family planning services and products to all Jordanians.
- The overall private sector share of family planning users is relatively high (over 70%), but the commercial share has dropped since 1998.

CMS Activities in Jordan

The objectives of the CMS program in Jordan are to:

- Reduce the discontinuation rate of pills and condoms.
- Increase the use of modern methods.
- Cause a shift to long-term methods.
- Increase commercial sales.

Specific activities to achieve these objectives include:

- Re-launching the social marketing campaign for Blue Circle contraceptive products, which include OCs, injectables and condoms. The Blue Circle campaign was discontinued with the end of the SOMARC Project in late 1998. CMS is negotiating partnerships with Wyeth, Schering and Organon on Ocs, and with Pharmacia on the injectable.
- Training for pharmacists and the establishment of a quality assurance system.
- Hospital social workers have been trained to offer counseling on reproductive health issues and to refer patients to appropriate physicians within their hospitals.
- A program to link clients in need of services with neighborhood doctors.
- Efforts to reduce the tariff on condoms.

Program Achievements & Impacts

To date, activities have focussed on start-up efforts in Jordan. A country representative was hired and a country office established in January 2000. Preliminary research studies have been completed and four contracts for communications and health education services have been negotiated and signed. Agreements with pharmaceutical companies are nearly finalized and plans for training pharmacists are in place.

As part of the re-establishment of a social marketing program, USAID/Amman provided additional funds ($900,000) to CMS to help implementation efforts.

Newly Independent States

Kazakhstan

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Population	14.9 M
Infant Mortality Rate	20.8
Total Fertility Rate	1.7
Life Expectancy M/F	59/70
CPR Tot/Mod	59/54
GNP per capita	$1340

Source: Population Reference Bureau 2000 World Population Data Sheet

Kazakhstan has a long history of pro-natalist policy, encouraging women to have many children in order to maintain a Kazak ethnic majority. However, in recent years, the total fertility rate has declined to 1.7. One of the biggest reproductive health concerns in Kazakhstan has been the use of abortion for fertility regulation. On average, a woman in Kazakhstan will have almost two abortions over her lifetime. The contraceptive prevalence rate is 59%. Over the last five years, oral contraceptive and IUD use have increased by 32%, and the abortion rate has declined by 15%, which indicates that women will accept modern contraceptives as a substitute for abortion.

The goal of the CMS Kazakhstan program is to increase access to reproductive health products and information. The primary vehicle for the program is the Red Apple line of products, composed of OCs, condoms and an injectable. CMS works to generate consumer demand and commercial supply of these products across the country.

On the supply side, CMS works closely with pharmaceutical distributors to track product availability and sales. CMS also visits individual pharmacists to ensure product supply/promotion, check the accuracy of information given, provide technical updates, and collect sales data.

For consumers, CMS conducts a range of IEC and demand creation activities. Some of the greatest barriers to contraceptive use are the continuing myths, rumors and misunderstandings about modern methods, especially OCs. CMS educational outreaches and hotline efforts provide accurate, easy to understand information about reproductive health issues, products and services. Through the Red Apple Hotline, CMS is also able to respond directly to consumer concerns and provide personalized referrals in 11 cities. CMS has expanded the hotline, both in the range of RH topics addressed and the geographic coverage. The Red Apple Hotline service is promoted via television, radio and print advertisements, magazine and newspaper articles, and point-of-sale materials.

Program Achievements & Impacts

CMS continued to expand the Red Apple program. The program added 3 oral contraceptives and 1 condom to the Red Apple product line. CMS staff worked hard to ensure a constant supply of Red Apple products and RH information at pharmacies across the country. Detailers regularly visited 531 pharmacies in Almaty and over 700 pharmacies in other areas of the country.

Reflecting growing public interest in the hotline service, CMS opened a new branch in Temirtau (an area with a high STD/HIV prevalence) and added several topics (STD/HIV information, menopause/hormonal replacement therapy, emergency contraception, pregnancy, and breastfeeding). Calls to the hotline increased dramatically in 2000. From January - September 2000, the hotline responded to an average of 2,566 calls each month, an increase of 75% from 1999 (1,462 calls/month). 85% of the calls each month are from new hotline users, with 15% coming from repeat hotline clients. In addition, hotline operators have doubled the number of referrals they provide to callers, giving almost 1,000 referals to area pharmacies/clinics each month.

The impact of CMS' efforts to general consumer demand and provider supply can be seen in the increasing sales of Red Apple products. In 1999, CMS tracked sales of Red Apple OCs at 7,331 cycles per month. In 2000, the monthly average sales doubled to 14,386 cycles/month. Similar growth was seen in the sales of condoms and injectables.

September 2000 marked the end of CMS's activities in Kazakhstan, as reproductive health programs in Central Asia will be consolidated under a single contract. USAID/Almaty hopes to continue supporting hotline activities through the new program. A final report and financial statement is being prepared and will be submitted to USAID.

Uzbekistan

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Population	24.8 M
Infant Mortality Rate	22
Total Fertility Rate	2.8
Life Expectancy M/F	66/72
CPR Tot/Mod	56/51
GNP per capita	$950

Source: Population Reference Bureau 2000 World Population Data Sheet

Severe economic dislocation and the breakdown of what was a very comprehensive social safety net in Uzbekistan have accompanied the transition to a market economy. The GNP per capita was $950 in 1998. With a population of 24.8 million, Uzbekistan is the third most populous country in the former Soviet Union after Russia and Ukraine, and the population growth rate is 2.1% annually. The infant mortality rate is 22 per 1,000, and the total fertility rate is 2.8. The contraceptive prevalence rate is 56%, and the vast majority of women use the IUD (45.8%). Fewer than 2% of current users rely on the pill, injectables, or condoms, but many women rely on abortion. Almost all women (98%) obtain their contraceptives from the public sector.

CMS Activities in Uzbekistan

CMS activities in Uzbekistan centered on community-based reproductive health education in two areas of the country, Samarkand and Fergana. Working in partnership with local NGOs, CMS provided basic health information and referals to adolescents and women of reproductive age. Under the Community Health Education (CHE) project, educational outreaches and theater events were conducted in Mahallas (community/neighborhood organizations), schools and clinics.

CMS trained six local health educators (from the NGOs) on basic reproductive health topics, including reproductive anatomy, family planning, modern contraceptives, STDs/HIV/AIDS, anemia, and adolescent sexuality education. CHE educators were also trained in adult education and communication techniques. CMS produced several RH informational brochures, in collaboration with UN agencies, the MOH, and the CA community. CHE also involved pharmaceutical companies in the community-based efforts.

Program Achievements & Impacts

CHE activities were launched in December of 1999 and conducted over a period of eight months through July 2000. During this time the following were accomplished in the two project areas:

- 601 educational sessions conducted in 227 Mahallas in Samarkand and Fergana.

- 9,280 participants in these sessions:
    - 4,482 women of reproductive age
    - 4,598 adolescents
- 543 referrals to area physicians and pharmacies.
- 15 educational sessions for midwives working in rural facilities.
- 16 theater events produced for an audience of over 3,900 people.

Although relatively small in scale, the CMS/CHE program was instrumental in increasing interest in RH and FP within the communities served. In a country where marriage and child-bearing occur at a young age, the interest and participation of adolescents were particularly important. Based on follow-up calls/visits with 180 WRA participants of the CHE sessions, the project appears to motivated some health-seeking behaviors:

- 68% of the women visited a physician following the session, mostly due to their participation in CHE
- The majority (74%) of WRA were already using a method,67% of whom were using the IUD.
- Nearly 40% of those who were not using a method at the time of the intervention began using one afterwards (mostly OCs).

While CMS did not set out to encourage switching methods, it appears that educating women about their contraceptive choices had this effect. While IUDs were the most common form of modern contraception at the time of the CHE intervention, it appears that many women discussed alternative methods with their doctors and switched to a different, presumably more suitable method (most began using either OCs or an injectable contraceptive).

In addition to the health impact, the CMS CHE project helped to expand the technical and institutional capacity of the two NGO partners. The CMS CHE project received a great deal of support from local officials, Mahalla leaders and health providers. At the request of the Samarkand Health Officer, CMS conducted 15 RH training sessions for midwives/nurses working in rural medical facilities.

Although July 2000 marked the end of CMS's program in Uzbekistan, similar community health education efforts will be continued under the new RH contract for Central Asia. A final report and financial statement is being prepared and will be submitted to USAID.

Technical Assistance & Assessments

Beyond the activities conducted as part of its Country Programs, CMS provides various services to USAID missions and partners throughout the developing world. These services are usually in the areas of technical assistance to NGOs and country assessments. The technical assistance is provided to enhance the role of the private sector in family planning and reproductive health, in instances where a more comprehensive country program cannot be established for operational or funding constraints. In many cases, a technical assistance program does not require the presence of a CMS office or dedicated staff, but can be implemented through periodic visits by CMS consultants or technical specialists.

Technical Assistance

In Year Two CMS provided technical assistance in Ghana, Peru, the Philippines, and Turkey. These are in addition to the technical assistance already referenced in the Country Programs section for Uganda, Nicaragua, the Dominican Republic and Brazil.

Ghana

A three-person CMS team visited Ghana in mid-February 2000 to conduct a capacity and sustainability assessment for the Ghana Social Marketing Foundation (GSMF). The assessment included a review of the benchmarks of USAID funding and recommendations to improve income generation and diversify services. CMS recommended a technical assistance program, including advice on funding sources from the Summa Foundation, to develop commercially viable initiatives. This recommendation was accepted by USAID and as an initial step in the program, members of GSMF traveled to Bolivia, Brazil and Mexico on a study tour of NGOs successfully providing reproductive health services.

In June, a two-person CMS team conducted a preliminary assessment of potential corporate social responsibility initiatives within the private/commercial sector of Ghana. Potential projects with the Association of Ghana Industries, Unilever/Ghana, and Frandesco West Africa Ltd., were identified, proposed to and accepted by USAID, and included CMS's Ghana workplan. A second trip was made in September to further develop each of the three initiatives. During this visit, USAID and CMS decided to expand CSR activities in-country and place a permanent CMS person on-the-ground to facilitate projects on an ongoing basis.

Peru

CMS was asked by the USAID Mission in Peru to provide technical assistance on a viable sustainability strategy for a local NGO, MaxSalud. MaxSalud is a Peruvian NGO started in June 1994 under a contract between USAID/ Peru and University Research Corporation (URC). MaxSalud was created to address some of the main obstacles in the provision of coverage to low and middle-income populations living in Chiclayo. The purpose of the project was to create a network of self-sustainable primary health services in urban and peri-urban areas of Chiclayo and Lambayaque.

In September 1999, the contract between URC and USAID/Peru came to an end. However, MaxSalud has signed a new Cooperative Agreement (CA) with USAID/Peru. As many other NGOs in similar environments, MaxSalud is facing the challenge of becoming less dependent on external funding, namely USAID.

Steps have been taken to increase the financial sustainability of the NGO, but these have not succeeded. Because of USAID's desire to see MaxSalud identify a niche in service delivery and increase their cost recovery, they asked CMS to conduct an assessment of MaxSalud. In August 2000, CMS conducted an assessment that covered the following areas:

- Identification of selected alternatives to maximize resources for long term sustainability.
- Analysis of MaxSalud's strategic plan.
- Profitability analysis of MaxSalud services.
- Creation of health care model to make a market niche for MaxSalud.
- Evaluation of organizational structure of MaxSalud.

Upon request from USAID, CMS will provide the following technical assistance to MaxSalud over the next year in the following areas:

- Institutionalize business skills at MaxSalud.
- Improve the financial systems and analysis, including training of medical directors on financial issues such as budgets, financial controls and cash flow analyses.
- Provide technical assistance to improve MaxSalud's evaluation unit.
- Assess organizational structure and recommend changes in human resources, based on analyses of personnel costs.
- Analysis of free services versus subsidized and feed services.
- Revision of manual and procedures for managing the sustainability fund.
- Revision of current policies and procedures of overall organization.

The Philippines

In the Philippines, CMS helped FriendlyCare Foundation, Inc. (FCFI), a new healthcare foundation, develop a contraceptive social marketing program and make a transition to commercial activities. CMS is providing ongoing technical assistance to FCFI to develop and implement a sustainable business plan. Based on projections by CMS and FCFI, by

its fifth year FCFI basic clinic operations will be sustainable and 78% of organizational costs will be covered. By the sixth year, FCFI will be responsible for 2.3 million consultations: 1.4 million consultations for family planning and other health services, including services to adolescents through its own offices, and 896,000 family planning consultations through its affiliate clinics.

CMS was also asked to review a possible contraceptive phase-out strategy by USAID/Manila and to recommend ways to increase the role of the private sector in the provision of contraceptives. CMS prepared a ten-year contraceptive logistics forecast and made recommendations to follow up with the development of a strategy for increased participation of commercial manufacturers. CMS made three recommendations:

- That the government use its resources for those most in need, the poorest 30% of the population, and supply them with free contraceptives.

- That the government address policy barriers to encourage the commercial sector to meet the needs of the remaining 70% of the population.

- That USAID/Manila and the Department of Health identify ways of encouraging the participation of pharmaceutical companies.

Turkey

A CMS team traveled to Turkey in February 2000 to conduct a three-day workshop with the potential founders of a new health service NGO. CMS assisted participants in identifying the mission, services, customers, donors and structures of the new organization. Findings from the workshop and from discussions with key individuals and institutions suggest that there is consumer demand for the services of the new organization. However, CMS suggested that a detailed feasibility study, including rigorous customer and provider surveys, be completed before the organization makes any firm decisions regarding program design or structure.

Country Assessments

CMS conducted three country assessments during 2000. The objective of the assessments was to evaluate opportunities for an increased role for the private sector in family planning and reproductive health.

Morocco

A CMS team visited Morocco in October 1999 to assess the current status of the CMS social marketing project and to make recommendations for project development over the next four years.

Based on the assessment, the CMS project in Morocco will continue its social marketing activities of the Al Hilal-branded products, which include condoms, OCs, and injectables. The assessment also suggested the establishment of a private provider network which would include the training of general practioners on matters of family and reproductive health as well as participation in a fortified food program.

CMS staff visited Morocco from February to March 2000 to finish the strategy developed during previous visits. Specifically, CMS prepared a budget for 2000-2003 and designed project activities for the year 2000. The job description was finalized for the position of CMS/Morocco project director, and CMS and USAID/Rabat agreed on a strategy and timeline for recruitment. The new program is currently being implemented by CMS.

Cambodia

During April-May 2000, the CMS team conducted a country assessment of the private health sector in Cambodia. As a result of this assessment, CMS plans to develop and fund a pilot initiative that will address very poor reproductive and health indicators, consumer preference for private sector healthcare, marginalization of private sector health services by the government and donors, an unregulated private sector, and poor quality of services.

The central function of the network would be to improve the quality of services and increase client volume in the private sector. The network would:

- Provide competency-based training and technical updates to each provider that will compensate for the lack of effective clinical training they received initially.
- Provide access to credit (Summa loan) on favorable terms for investing in quality improvements.
- Implement a phased approach to the range of healthcare products and services, beginning with reproductive health but expanding to include a basic package of

services similar to the basic package of activities (BPA) provided by primary care providers in the public sector.
- Establish referral linkages between the network members and other private and public sector health facilities.
- Establish a system to monitor quality of services.
- Standardize the pricing structure.
- Ensure access to social marketing contraceptive supplies from PSI.
- Market the network services through advertising of an appropriate Cambodian logo as a symbol of high quality at reasonable price.
- Inform consumers about the availability of high-quality private sector services at reasonable costs, and increase awareness about clients' right to good-quality care
- and what "good quality" means.
- Identify policy-related issues that impede the functioning of the private network and develop strategies to address them with policy-makers at MOH.

Selected research, monitoring and evaluation activities will support the development and operations of the network.

Senegal

An assessment was performed in Senegal to help focus CMS's ongoing program in the country. The private sector does not currently play a large role in the provision of healthcare in Senegal, though the assessment team did note that the potential exists for vast expansion of private sector participation. The assessment identifies the need to expand activities in the following areas:

- Public-private partnerships.
- IEC campaigns on family planning alternatives and STIs.
- Improvement in the coverage of distribution channels for family planning products.
- Technical assistance and policy advice for government agencies.
- Technical assistance for the community-based health insurance schemes.

These findings and recommendations were shared with UDAID/Dakar.

The Summa Foundation

The Summa Foundation is a nonprofit organization created in 1992 under the USAID-funded PROFIT Project to provide financing and technical assistance to private and commercial organizations engaged in health activities in developing countries. Summa seeks to expand the role of the private sector in providing affordable health services and products, with particular emphasis on maternal and child health. The Summa Foundation is currently operating under the CMS Project, which funds its operational requirements (personnel and operating costs).

Summa established the following goals for Year Two:

1. Management of Current Investments and Liquid Funds
2. Obtain USAID Approval for two investments
3. Conduct country assessments and regular follow-up with CMS Country Representatives
4. Regular contacts with potential co-funders
5. Address Human Resources and Institutional Structure issues
6. Investment Related Technical Assistance

Year Two Accomplishments

Management of Current Investments & Liquid Funds

During Year Two Summa continued to manage its outstanding investments, AAR and FEI. Management included analysis of financial statements, regular conversations with the borrowers and site visits.

During Year Two, Summa also continued to manage its liquid funds (those recovered from loan repayments and subsequent earnings) in order to preserve and increase the value of the funds over time. The fund management strategy for Year Two was to invest the majority of Summa's funds in liquid short term, fixed-income instruments, such as U.S. government bonds and agency notes. Summa submitted quarterly reports to USAID on the management of the liquid funds.

New Investment Approvals

Summa received USAID approval for two new investments in 2000. The Clínica Materno Infantil is a private clinic in Nicaragua devoted to maternal-child health. Summa has structured a loan of $165,000 to the clinic so that it may expand its services in OB/GYN and family planning and target its activities at adolescents in area universities. The

Uganda Private Providers Loan Fund has been designed by Summa as a three-year, $175,000 revolving loan fund to provide capital to private providers. The loan fund will be made available through the Uganda Microfinance Union initially only to the Uganda Private Midwives Association. Over time, Summa will work to open the funding up to other private providers.

Project Assessments & Networking

Summa conducted appraisals of seven new projects during Year Two: in Kazakhstan, the Philippines, Uganda, Ghana, Nepal, Nicaragua and Cambodia. During the year, the Summa team was successful in developing a pipeline of 40 investment opportunities.

As part of a larger plan to expand the pipeline of potential investment opportunities, Summa reached out to CMS Country representatives in Year Two. Summa worked with each CMS Country team to develop new project opportunities. Specifically, during the first quarter of Year Two, Summa sent out a detailed e-mail that provided guidance on how to identify potential projects. After these emails were sent out Summa communicated with each Country Representative and held regular brainstorming sessions about how to strengthen the country programs. As a result of ongoing dialogue with Country Representatives, Summa has identified a number of potential opportunities in CMS countries. For example CMS/Uganda and CMS/ Nicaragua have developed concrete projects as a result of Summa's marketing efforts.

The Summa team also continued its networking efforts with groups such as GE Medical, the International Finance Corporation (IFC), the World Bank, the Inter-American Development Bank (IDB), Organization of American States, SEATS and others.

Research & Education

Two case studies were researched and written on previous investments made by Summa under the PROFIT Project: the Indonesian Midwives Loan Fund and the AAR investment in Kenya. The Summa team intends to submit one or both of these for publication in a peer review journal during Year Three.

The Summa team made presentations at the International Finance Corporation's Private Health Sector in Latin America Conference and to the SEATS Project and participated on two panels at the Global Health Conference. Summa also worked closely with CMS's Research Monitoring and Evaluation team to establish monitoring and evaluation plans for its two new investments. Finally, Summa worked with CMS's Communications Director to launch a new Summa web site in October 2000. The web site will permit interested borrowers to download application documents and apply electronically. It will also serve as an excellent, broad-based dissemination tool.

During Year One, the Summa Team prepared a research document on the Sources of Finance for Private Providers of Health Services. In Year Two, the document was delivered to USAID/Washington, and re-formatted to be posted in Summa's web site.

During Year One, the Summa Team obtained information on the Development Credit Authority (DCA). Summa also held a meeting with DCA to identify possible ways for Summa and PHN to work with DCA and ways in which DCA funding can be used to support PHN objectives. During Year Two, Summa was advised that USAID would request its assistance in exploring DCA activities as needed.

Technical Assistance

In addition to financing, Summa also provided technical assistance to its private and commercial partners to ensure the success of its projects. During Year Two, Summa provided various forms of technical assistance, including:

- Provided technical assistance in how to apply for a Summa loan and cash flow forecasting to Bushenyi Medical Center/ Uganda, GSMF/Ghana, RHAC/Cambodia and Clinica Materno Infantil/ Nicaragua.
- Provided technical assistance to Uganda Private Midwives Association in bad debt management and closing the UPMA Savings and Credit Society.
- Provided technical assistance on endowment sustainability to GSMF/Ghana

Human Resources

A new Summa Director was recruited and hired during Year Two after a brief vacancy of the position.

A pool of consultants was developed to improve the quality of Summa's activities abroad, and consultants were hired to conduct assessments in Kazakhstan and the Philippines and to write two case studies. To assist in the monitoring and implementation of the Uganda Private Providers' Loan Fund, a local loan officer was hired.

Institutional Structure

During Year Two, Summa revised and submitted a revised legal Memorandum of Understanding to USAID outlining the roles and responsibilities of USAID and Deloitte Touche relative to the operations of the Summa Foundation. Summa also had several meetings and brainstorming sessions with USAID on the sustainability and independence of the foundation. It was agreed that USAID and Deloitte Touche would define the disposition of Summa as an institution once all contractual, legal and organizational issues have been reviewed in Year Three.

Research, Monitoring & Evaluation

Monitoring & Evaluation Approach

The CMS approach to monitoring and evaluation (M&E) addresses multiple monitoring and evaluation needs. On one level, the M&E system serves to evaluate global performance of the project relative to goals set out in the CAPS Results Package and so contributes to the knowledge base on effective private sector approaches. At the same time, the M&E system must be capable of providing information to program managers to help assess and evaluate the implementation of project activities. Finally, the M&E system also needs to provide information that will help the project evaluate new strategies and directions.

CMS has adopted a "mixed approach" to meet these multiple objectives. This approach entails using a combination of input and process indicators that can be measured and reported through regular project activities (and serve to gauge implementation of those same activities) along with outcome indicators typically measured at the population level through household surveys. To this, we add an overlay of impact assessment at all levels to facilitate attribution of impact to CMS project interventions.

Monitoring & Evaluation Accomplishments

Table 1 below presents the core set of M&E activities that CMS planned to accomplish during Year Two and the status of those activities. A more detailed report on activities related to the CMS baseline surveys and the creation of a management information system during Year Two follows.

Table 1: Monitoring & Evaluation Accomplishments

Planned Monitoring and Evaluation Activity	End of Year Two Status
Finalize CMS Results Framework and Performance Monitoring Plan	Completed
Hire CMS Monitoring and Evaluation Specialist as part of RME Team	Completed via internal recruitment
Create a computerized M&E management information system.	Completed. Web enabled data reporting system in place.
Complete CMS Core Questionnaires	Completed
Complete CMS Baseline Surveys in selected countries (Morocco, Senegal, Nicaragua)	Partially completed, data collection in Morocco completed Q1, FY01
Benchmark indicators for CMS Countries where baseline surveys are implemented	Partially completed
Finalize SUMMA Monitoring and Evaluation Plan	Completed

CMS Baseline Surveys

The CMS baseline and follow-up surveys constitute one component of the overall approach to M&E on the CMS project. Baseline surveys are conducted to determine the current level of access to services in a country, people's attitudes toward medical care, provider availability and practices, among other things. Follow-up surveys near the end of the CMS contract will determine the impact of the program on the population. Table 2 shows planned baseline activities and their status at the end of Year Two.

Table 2: Baseline Survey Accomplishments

Planned Baseline Survey Activity	End of Year Two Status
Determine CMS countries where baseline will be implemented	Morocco, Senegal, Nicaragua selected.
Notify Resident Advisors of upcoming baseline surveys	All the Resident Advisors have been notified
Correspond with CMS Resident Advisors to develop research issues and determine potential local research suppliers	Resident Advisors were actively involved in identifying local research issues and local research companies
Set out timeline for conduct of each CMS country baseline survey	Timelines identified: Morocco: Oct00-Jan01 Senegal: Jan-March01 Nicaragua: Feb-April 01
Identify research issues specific to each country	Country specific research issues identified for Morocco and Senegal. Work in progress in Nicaragua
Identify appropriate sampling frame/ baseline reference for each country's specific needs	Sampling frames identified in Morocco and Senegal. Work in progress in Nicaragua.
Modify CMS Core questionnaire to reflect country research needs	Core questionnaire modified for Morocco and Senegal. Spanish version in preparation for Nicaragua
Develop and issue RFP in country, evaluate and select winning contractor	Issued and awarded in Morocco RFP to be issued in Senegal in January RFP to be issued in January in Nicaragua
Collect baseline data	Morocco: Data collection complete for consumer survey, provider survey in progress with all data collected late Dec. 2000. Senegal: Data collection to begin in February 2001. Nicaragua: Data collection to begin in February 2001

Data collection is underway in Morocco and will be complete by late December 2000. Initial discussions on the Senegal Impact Assessment Survey have been successfully completed with USAID/Dakar and all USAID/Dakar Cooperating Agencies and the Ministry of Health in October 2000. Draft terms of reference for the CMS Senegal Impact Assessment Survey were completed and comments from the above partners have been received. In Nicaragua, due to the nature of the work CMS is carrying out —

building, equipping and promoting a network of 6 model franchised private health clinics — considerably more effort has been required to collect information that will allow a rigorous evaluation design. Nevertheless, in the case of both Senegal and Nicaragua, data collection will begin in February 2001 or earlier.

Progress on the baseline surveys that will collect the information necessary to benchmark some of the population level indicators for these countries has been slower than expected for a number of reasons:

- First, a relative dearth of Francophone staff on the CMS Research, Monitoring and Evaluation (RME) team has made it difficult to provide to provide the continuous level of attention required to move the work forward. A search for a CMS Francophone Country Research Manager is nearly complete as of this writing.

- Second, slower than anticipated implementation due to the time needed for comments and approval from the Ministry of Health (Morocco, Senegal) and for getting input from partner Cooperating Agencies and the public sector (Senegal) and to collect information necessary to ensure proper design (Nicaragua). Most of these issues have been resolved.

M&E Management Information System

During Year Two, the RME team formalized and streamlined the results reporting process by developing a computerized M&E Management Information System (MIS). This system has facilitated the reporting of country level data in a central location. This country level data can then more easily be assembled and analyzed to ease the process of reporting on programmatic indicators to USAID.

Procedures for reporting country level data were developed with the participation of country directors at the June retreat. Guidelines for the M&E component of the Year Three Work plan have been sent to the country offices and are used by country directors to structure inputs to the MIS.

Data on all indicators used by the project are stored in this central database, both those from the CMS M&E plan as well as additional indicators specific CMS country programs are using and reporting to their local USAID Mission.

Development of M&E Plans for CMS Technical Areas

The RME team developed M&E plans for the following three technical areas: SUMMA, NGO Sustainability and Corporate Social Responsibility. In addition to developing a general M&E plan to monitor all SUMMA activities, the RME team developed a more detailed plan to monitor and evaluate the impact of SUMMA loans to members of the

Uganda Private Midwives Association. With respect to NGO sustainability, the RME staff provided technical assistance to NGOs in the Dominican Republic to establish a monitoring system that will collect service statistics and quality of care data. Regarding Corporate Social Responsibility, the RME staff worked with the Technical Leader to develop a monitoring and evaluation plan that includes indicators for employer-based reproductive health services, community-outreach, cause-related marketing and corporate guidelines.

Measuring Improvements in the Policy Environment: IR3

The CMS M&E Plan for measuring improvements in the policy environment for the private sector calls for using indicators that are based on discrete policy changes as well as use of a policy environment index. This index, or Private Sector Policy Environment Score (PSPES), was designed to be based on a survey of key stakeholders in a given country. The PSPES instrument was developed in close collaboration with the CMS Technical Leader for Policy. The instrument was pre-tested with a group of policy experts who provided valuable feedback on the proposed objectives, feasibility of the instrument and interpretation of results.

The results of the pre-test revealed that the instrument was effective as an assessment tool for identifying opportunities for policy related work in CMS countries. At the same time, recommendations from the group suggested that using the policy environment indicators from the CMS M&E Plan that focus on actual discrete policy changes would more accurately reflect true policy changes than would the environment index.

Global Research

Global Research Accomplishments

Table 3 on the following page shows planned global research activities and their status at the end of Year Two. All planned activities were either fully or partially completed.

Table 3: Global Research Accomplishments

Planned Global Research Activities	End of Year Two Status
Present draft CMS Research Agenda to USAID and new project CTO	Completed.
Convene CMS Research TAG meeting mid November 1999[1]	Completed. CMS Research TAG meeting was convened in Nov 1999. Research agenda was endorsed by the TAG members and several opportunities for collaboration were identified (participant list is included at the end)
Finalize (i.e., get USAID approval) on CMS Core Research Agenda	Completed
Initiate at least four global research studies	Completed, work initiated on 4+ studies. Significant progress has been made on the following core research studies • Impact of prior use of MCH services on use of FP • What motivates the international Commercial Sector (manufacturers, insurers companies/ HMOs) • Contracting out services to the private sector • Role of private sector in addressing the issue of contraceptive security
A draft final report will be available on two studies by end of Year Two.	Partially completed. Final version available of Policy primer on Contracting out services to the private sector. Drafts available for two studies: • Conceptual Framework for Private sector role in contraceptive security • Impact of prior use of MCH services on demand for family planning
Present research findings from two studies at GHC or other professional conferences	Partially completed. Two research papers presented at APHA 2000: • Barriers and inducements affecting provision of family planning services by General Practitioners in Morocco • Impact of prior use of MCH services on use of FP in Tanzania (preliminary results of DHS analysis)

[1] TAG members included the following: David Hotchkiss from Tulane University; John Steward, John Akin, and Gustavo Angeles from University of North Carolina at Chapel Hill; Ruth Berg from The Futures Group International; Jaiki Desai and Sarbani Chakraborty from the World Bank; Charlotte Leighton from the George Washington University School of Public Health; Barbara Janowitz from Family Health International; and Jim Foreit from Population Council.

Global Research Studies

Contraceptive Security

Projections of future demographic trends clearly indicate that the need for reproductive health products will be substantial in the future. With donor contributions of free contraceptives expected to shrink, there is great concern over "contraceptive security" among reproductive health and family planning specialists. CMS defines contraceptive security as the "consistent availability of a choice of methods for contraception and HIV/AIDS prevention at a range of outlets and prices, for all those who want and need them."

Many look at this primarily as a problem of decreasing donor contributions and are therefore focusing attention on ways to encourage greater donor commitment. CMS takes a different approach in the belief that the private and commercial sectors have an important role to play in providing contraceptive security. While there is no doubt that donor contributions have gone down, there is also growing evidence that many currently using free contraceptives could afford to purchase the products and would indeed welcome the range of choices that private sector involvement would bring. CMS believes that by increasing access to more and better products for those who can afford to pay for them, donors and governments can then target their free and subsidized contraceptives at those who need them most.

To address this issue, the RME team on CMS carried out a number of research and policy dialogue activities to better inform discussion and debate on this issue and ensure the role the private sector can and should play is represented. During year two, the two main research activities carried out by CMS in the area of contraceptive security were: one, development of a conceptual framework and research agenda for contraceptive security, and; two, completion of set of projections of contraceptive commodity needs based on alternative hypotheses regarding the private sector. Policy dialogue activities mainly entailed participation in meetings of the Reproductive Health Commodity Security Working Group at UNFPA in New York.

Conceptual Framework and Research Agenda for Contraceptive Security

Status: Complete. Framework developed and presented to USAID Contraceptive Security Working Group and used to define a research agenda on contraceptive security. Research agenda based on framework complete and research topics identified.

Projections of Contraceptive Commodity Needs

Status: Complete. Results reviewed and presented to USAID.

Background: Much of the discussion of contraceptive security revolves around projections of future contraceptive commodity needs carried out by John Ross. These projections form the basis for the current discussion of contraceptive security yet a key assumption in the projections is that the private sector share in the provision of contraceptive commodities will remain flat in the foreseeable future. CMS recast these projections under alternate assumptions based on analysis of countries where private sector share has grown considerably over time.

Impact of prior use of MCH services on demand for FP

Status: First country analysis complete. The study is being carried out for CMS by staff from Tulane University. The draft report is available for the first phase of the research focusing on an analysis of DHS data in Tanzania. The preliminary findings for Tanzania were presented at the APHA conference in November.

Background: A key priority health service for CMS is family planning yet we know from firsthand experience that from a private sector perspective, family planning is generally low volume and low margin relative to curative health services. Thus, a key tenet of the CMS approach is to broaden the focus from FP/RH to the larger set of health services that are financially of interest to private providers. We know that broadening our approach creates better incentives for private supply but little is know on the impact of other health services on demand for FP. One way to examine this is to look at prior use of MCH services and the impact on demand for family planning. A finding of a positve relationship between prior use of MCH services and demand for FP does not necessarily prove that a broad approach works but it would provide evidence that focusing on other health services (that are financially important to private providers) does not come at the expense of gains in terms of demand for FP.

The objective of the study is to carry out an empirical investigation of the impact of prior use of maternal and child health (MCH) services on family planning utilization. The research is based on data on women of reproductive age from five Demographic and Health Surveys (DHS). The empirical analysis will be based on DHS data from five countries: Tanzania, Guatemala, Indonesia, Mali, and Bangladesh.

What motivates the commercial sector (manufacturers, insurers, HMOs)

Status: Partially complete. As the first step, extensive secondary research was conducted to summarize the existing knowledge on motivation of pharmaceutical manufacturers in exploring contraceptive markets in developing countries. The main thrust of work in year 3 will be on the insurers and HMOs. The information is being collected using secondary data, key informant interviews, and focus groups.

Background: On the supply side, the commercial sector (pharmaceutical companies, HMOs, insurers) is a key player in the health care market. The commercial sector is widely perceived to be a profit seeking entity that may have little or no interest in provision of public goods characterized by low margins and low demand (though the need may be very high). Given that the profit motive is usually not satisfied in the provision of preventive health care products and services, it becomes increasingly important to determine other incentives and motivation for the commercial sector to be an active participant.

As part of its mandate, the CMS project aims to collaborate with the commercial sector to increase its participation in the provision of family planning and other health products and services. There are three main objectives of this study. 1) To document some of the lessons learnt based on existing literature. 2) To document variations in incentive behavior of the commercial sector at the international, regional and country level. 3) Identify new ways for the project to work with the commercial sector at the international, regional and country level.

Policy primer on Contracting out services to the private sector

Status: The draft paper serves as a starting point for CMS's work in the area of contracting out for health services. It describes contracting options, contextual framework, prerequisites, steps in the contracting process, and the main components of contracting.

Background: There have been significant changes in the mix of public and private services in the health sector, and in the organization of those services in the developing countries in the last decade. Governments are looking for ways to increase efficiency in the use of public sector resources, improve the quality of health care, and extend health services to under-served populations. Public-Private partnerships, defined and managed through performance based contracting, can help government agencies deliver more cost-effective health services to target populations. This paper offers a brief overview of the benefits, and limits of using contracts for service delivery, and describes some of the steps that are key to good contract management.

Research Support to CMS Countries & Technical Areas

Country & Technical Area Research Approach

Research supports country program and technical area development by 1) identifying opportunities for program expansion; 2) guiding program implementation; and 3) contributing to monitoring and evaluation. Specific research support activities include various types of market research (e.g., distribution studies, pricing studies, consumer

profiling, market projections, and market segmentation analysis), feasibility studies, monitoring, and impact assessments (e.g., tracking surveys, operations research, "baseline" surveys). The RME team identifies research needs jointly with the regional and country managers and the technical area leaders.

Country & Technical Area Research Activities

During Year Two, the RME team (including three field-based research staff) undertook 36 country-research activities. As Table 4 shows, most country-research focused on consumer surveys and qualitative research. The use of consumer survey information ranges from identifying the size of the market for bed-nets in Uganda to determining adolescent reproductive health needs in Jamaica to establishing a baseline for evaluation purpose in Morocco. With respect to qualitative research, country managers have used the results to identify appropriate price ranges (Uganda) and inform the development of logos (Morocco), product packaging (Madagascar), and advertising messages (Morocco).

Table 4: Number of Country Research Support Activities by Type: November 1999 – September 2000

	India	Jam	Jor	Kaz	Mad	Mor	Nep	Nic	Sen	Uga	Uzbk	Total
Consumer Surveys	1	1	2			2	1		2	1	2	**12**
Provider Surveys	1					2				2		**5**
Distribution Surveys	2	1							1			**4**
Qualitative Research	2		1		1	2			1	2		**9**
Other Research				1		2		2		1		**6**
Total	6	2	3	1	1	8	1	2	4	6	2	**36**

In addition to supporting country programs, the RME team conducted 11 research activities to support the CMS technical areas. These activities ranged from developing a policy assessment tool to testing advertising messages for emergency contraception in support of pharmaceutical partnerships.[2]

Table 5: Number of Technical Area Research Activities by Type: November 1999 – September 2000

	Pharm. Partners	CSR	Networks	Social Market	Health Finance	Policy/ Envi	NGO Sustain	Summa	Total
Tools						1 Global			**1**

[2] Note that whether research is categorized as "country-research" or "technical area-research" depends on whether the regional/country manager or the technical area leader requested the research. For example, since all requests for social marketing research have come directly from regional or country managers, we include this research in Table 5 rather than Table 6.

Feasibility Study					1 Senegal			1 Ghana	**2**
Provider Survey			1 Morocco						**1**
M&E Plans		1 Global					1 Global	1 Global	**3**
Qualitative Research	2 Brazil								**2**
Other Research		1 Ghana			1 Ghana				**2**
Total	**2**	**2**	**1**	**0**	**2**	**1**	**1**	**2**	**11**

Country & Technical Area Research Accomplishments

Table 6 shows the extent to which the RME team accomplished the specific country-research activities that it specified in Year Two Workplan. Of the 22 research activities planned for Year Two, 14 (63%) were completed or are currently underway. The most frequent reason that the RME team did not accomplish planned activities was that the regional or country manager did not need the research (see Table 6).

Table 6: Research Accomplishments Vis-à-vis Year Two Workplan

Country	Planned Activities	End of Year 2 Status
Asia		
Nepal	1.Tracking study 2.Market segmentation study 3.LSMS analysis	Yes No (no country demand) No (no country demand)
India	4.Consumer baseline 5.Provider baseline	Yes Yes
Indonesia	6.Study of economic impact	No (no country demand)
Uganda	7.Consumer survey 8.Baseline survey for EC 9.Mosquito Net Campaign	Yes Yes Yes
Africa		
Morocco	10.Consumer survey 11.Provider survey 12.Qualitative consumer study 13.Qualitative provider study	Yes (underway) Yes (underway) Yes Yes
Senegal	14.Consumer survey after intro of pill 15.Provider survey after intro of pill	No (pill not introduced yet) No (pill not introduced yet)
Madagascar	16.Provider study	No
Near East		
Jordan	17.Impact of service integration	No (no country demand)
LAC		
Brazil	18.Emergency contraception research	Yes (instruments developed/activity on hold due to negotiations with Ache)
Nicaragua	19.Market research 20.Quasi-experimental evaluation	Yes No (initiated at beginning of Year 3)
Jamaica	21.Youth survey 22.Distributor's survey	Yes (underway) Yes (underway)

Support for Country Research Staff

The Washington DC-based RME staff conducted a three week research training of all three CMS country-based research staff (from Morocco, Uganda, and India) in June, following the CMS Retreat. Training topics included quantitative analysis, survey methods, focus group research, market segmentation, price elasticity and willingness to pay techniques, and monitoring and evaluation.

In addition to familiarizing all country research staff with the same set of research techniques, the training aimed to improve communication, coordination, and technical review between country- and Washington-based research staff. To support this effort, the Deputy Research Director has taken on the responsibility of coordinating all country research activities, and a new position was created (and filled) to coordinate all CMS M&E activities.

Communications & Dissemination

CMS has renewed its commitment to the public promotion of its activities. Publicizing the work of CMS is vital to attracting partners that will further the efforts of the project. Evidence of this renewed commitment can be seen in two recent additions to the CMS team.

A new CMS Communications Director was hired in July 2000 and a Communications Manager joined the project in October 2000. Through these new positions CMS seeks to improve all methods of communications with USAID (especially field offices who need to know how CMS works) offices, other donors, potential commercial partners and the development community at large. The new, in-house design and production capabilities in the Communications division will help facilitate faster, more effective dissemination of CMS activities. The public relations and media expertise of the team will help position CMS strategically both within the USAID community and the public in general. The CMS Communications team also assists The Summa Foundation on communications, dissemination and promotions activities.

Publications

In year two the Communications/ Dissemination team enhanced the CMS logo and produced the following publications:

- **Three technical papers**
  - Contracting for Healthcare Services, A Guide for Policy Makers, Wendy Abramson
  - AAR Health Services, Kenya, The Summa Foundation
  - Indonesian Midwives Loan Fund, The Summa Foundation

- **CMS Brochure**
  Contains an overview of CMS services and is written in Spanish, French and English. This brochure is generally distributed to USAID, CA's, other donors, potential commercial partners and targeted media.

- **One "New Directions" Newsletter**
  Contains highlights of CMS activities, up-coming events and CMS contacts for additional information.

- **Summa Brochure**
  The Communications Director worked with the Summa staff to produce a Summa corporate identity, brochure and stationary package.

- "**New Directions" presentation briefing**
  A 4-page colorful project briefing to support a brown-bag presentation to USAID on August 2nd. The Nicaraguan franchised clinics were highlighted in this presentation.

- **The CMS Semi-Annual report**

- **A Country Assessment Guide**
  This guide provides practical tips and advise for assessing a country's potential for CMS projects.

- **The Year Two Work Plan**

Meetings & Presentations

- Provided staff traveling to the Philippines and Cambodia on assessment missions with promotional materials for presentations concerning the work of CMS.

- Prepared a presentation on the Year Two Work Plan for delivery to USAID.

- Technical Advisory Group Meeting (TAG) on September 17th. The subject was health financing. Panelists included representatives from PSI, Abt, Deloitte & Touche and private sector experts in health insurance and finance. In attendance were key USAID staff and CMS field representatives.

Technical Publications & Presentations

CMS staff submitted 17 abstracts to three professional conferences: Innovations in Social Marketing (June 11-13), Global Health Council (June 13-16), and APHA (November 12-16). One highlight is the four-member panel submitted to APHA by CMS and Management Sciences for Health (MSH) on the PROSALUD health clinic network in Bolivia. The PROSALUD model is documented in a recent book published by MSH and co-authored by Dr. Carlos J. Cuéllar, a cofounder of PROSALUD and now technical director of CMS.

CMS will have two presenters at the ISM conference (describing our India program and EC introduction in Uganda) and six at the GHC conference (two on the India program, two on Summa investments, one on EC in Uganda, and one on health reform). The full set of submissions follows:

- Training Alternative Health Providers for OC Promotion, Sudarshan S. Modkar (roundtable at GHC)

- *Revolving Loan Funds: Innovative Finance for Health* (Indonesia Midwives Loan Fund), Meaghan Smith (presentation at GHC)
- *Expanding Private Health Systems Through Innovative Finance* (AAR Health Services/Kenya), Robert Bonardi, Carlos Carrazana, and Ravi Ruparel (poster session at GHC)
- Expanding the OC Market in India—Key Elements, Rita Leavell (poster session at GHC)
- *Healthcare Reform*, Carlos J. Cuellar (presentation at GHC)
- Reaching Out: Innovative Hotline/Detailing Programs in Kazakhstan, Anjala Kanesathasan and Tanya Tsybulskya (submitted to APHA)
- Willingness to Pay for Family Planning: Implications for the Private Health Sector in Morocco, Ratha Loganathan, Asma Balal, Dan Kress, and Florence Zake (submitted to GHC)
- *Consumer Attitude and Behaviors Towards Long-Term Methods in Morocco –Comparative Analysis*, Ratha Loganathan, Dan Kress, Asma Balal, Florence Zake, Houda Bel Hadj, and Leger Maroc (submitted to GHC)
- Barriers and Inducements Affecting Family Planning Services in the Private Sector, Asma Balal, Ratha Loganathan, Daniel Kress (submitted to GHC)
- Public-Private Partnerships to Extend Access to Healthcare: The PROSALUD Model (four-paper panel submitted to APHA):
    - "Public-Private Partnerships in Healthcare: The Issues," Gerald Rosenthal
    - "PROSALUD: How It Began and What It Is Today," Carlos J. Cuéllar
    - "Replication of the PROSALUD Model," William Newbrander
    - "Lessons Learned from the PROSALUD Experience," Dan Kress
- Direct Marketing to Identify and Promote to Potential Oral Contraceptive Users in North India: Lessons Learned, Anand Sinha, Rita Leavell (submitted to GHC)
- Marketing to Influencers: Making Private Health Providers "Friends of the Pill," Sashwati Bannerjee and Rita Leavell (poster session at ISM)
- *Emergency Contraception: Innovative Marketing Approaches in Brazil and Uganda*, Victoria Baird and Elizabeth Gardiner (poster session at ISM, submitted to APHA)
- Barriers and Inducements Affecting Provision of Family Planning Services by Private GPs in Morocco, Asma Balal (submitted to APHA)
- Consumer Perception of Quality and Objectively Measured Quality: What Do Consumers Consider to Be Important? The Moroccan Experience, Ratha Loganathan, Daniel Kress, and Asma Balal (submitted to APHA)

Electronic Media

CMS

Communications/Dissemination is re-designing and re-constructing the web-site to make it more user-friendly. Issues such as layout and the accessibility of links will be addressed

during the re-design. Key phrases such as “reproductive health,” “family planning,” “private sector,” “development,” are being researched as possible new links to search engines. Also, we will be re-writing the copy to clarify the specific objectives of CMS and to highlight some current initiatives. The new site will include a direct response mechanism for us to answer specific visitor questions, as well as send additional information. The new CMS site is expected to launch in January 2001.

The Summa Foundation

Communications/Dissemination has also designed and developed the new Summa Web site. SummaInvestments.org was launched in mid-October as an independent site. It includes an on-line loan application form, case studies, information on the loan process and Summa’s mission statement. It will be linked directly to the CMS site.

Management & Organization

CMS Consortium

CMS is the flagship project of the Commercial and Private Sector Strategies (CAPS) Results Package developed by USAID's Center for Population, Health and Nutrition. During its second year, the CMS Project continued to be managed as a consortium by the four member firms: Deloitte Touche Tohmatsu, Abt Associates, Population Services International, Inc. and Meridian Group International. The consortium is led by an Oversight Board, which is composed of senior members from each of the four firms, who provide overall strategic guidance to the project. This structure allows all consortium members to have significant inputs on programmatic and strategic developments.

CMS made a number of important management and organizational changes in Year 2, to improve the overall direction of the project and to focus on programmatic results. These changes included:

- Expanding the role of CMS regional managers to function as principal developers of new country programs and initiatives,
- Recruiting additional positions under regional managers (program managers, program assistants) to support day-to-day oversight and backstopping for all country programs and technical assistance programs,
- Naming specific technical specialists from the CMS core team and consortium members to be technical leaders, supporting the development of new initiatives, new country programs, and technical assistance activities,
- Strengthening the Research, Monitoring & Evaluation team with a deputy research director,
- Recruiting a senior technical advisor for NGO Sustainability,
- Recruiting a Director for Communications,
- Naming an Operations Director to oversee all project administration, information systems, finance, and contracts functions, and by
- Conducting a series of team-building activities to develop and document CMS technical areas and strategies for implementing new initiatives.

Project Management Structure

The current management structure for the CMS project reflects the need to provide country program oversight, while also providing technical leadership and assistance to USAID on issues related to private and commercial sector collaboration. For this reason, we have both geographic and technical lines of authority and management (see the organization chart on the following page). As noted, the technical areas pursued by CMS

comprise social marketing, partnerships with pharmaceutical companies, corporate social responsibility, provider networks/franchising, NGO sustainability, health financing alternatives, policy change, and Summa investments.


USAID/PHN CTO
Oversight Board
Robin McPhail, Deloitte Touche Tohmatsu
George Landate, Abt Associates
Alex Brown, PSI
Vicki Baird, Bristlas Group
Project Director
Linnea Fenner
Deputy Director / Technical Director
Carlos J. Cuellar
Director, Country Programs
Susan Mitchell
Director, Summa
Carlos Carvajana
Director, Communications
Sue Wood
Director, Research
Daniel Kress
Director, Operations
Robert Bonardi
Africa - Regional Manager
Rudolph Chandler
Africa - Program Manager
Marie-Laure Curie
Africa - Program Assistant
Eric Bunselmeyer
Asia - Regional Manager
Lily Kak
Latin America/Caribbean - Regional Manager
Kelly Wolfe
NIS - Regional Manager
Niranjala Kanesathasan
LAC - Program Assistant
Karla Balsterbaum
Country Reps
Jobs
Rita Lasvell
Jordan
Mike Bernhart
Kazakhstan
Tanya Tsybulskaya
Madagascar
David McAfee
Morocco
Dr. Mohamed Ktiri
Nicaragua
Pilar Sebastian
Senegal
Seynabu Mbengue
Uganda
Peter Cowley
Elizabeth Gardiner
Uzbekistan
Artur Nipsaev
Investments Manager
Meaghan Smith
Commercial Partnerships
Lee Yerkes
Health Financing Alternatives
Rich Feeley
NGO Sustainability
Alvaro Monroe
Policy Change
Susan Scribner
Provider Networks
Carlos Cuellar
Social Marketing
Malcolm Donald
Manager, Communications
Christine Prefontaine
Deputy Director
Ruth Berg
Research Coordinator
Ratha Loganathan
Senior Research Associate
Asma Balal
Financial Analyst
Greg Kessel
Senior Secretary
Judy Anderson
MIS
Wall & Associates
Contracts Administrator
Christiana Tamaka

Key Project Management Accomplishments

In Year Two, CMS was able to resolve a key issue that had hampered the project since its inception, namely the award protest filed by The Futures Group in October 1998. After lengthy negotiations with the Futures Group and USAID, the CMS consortium members agreed to an external settlement with the Futures Group that allows Futures, as a subcontractor, to participate in a limited set of core activities and to manage some country programs under the CMS umbrella. The settlement reflects a desire by the CMS consortium to eliminate any difficulties for the project to perform work for certain USAID missions, and to remove legal issues for USAID arising from its decision to award the contract to the CMS consortium. Discussions with the Futures Group have already taken place to implement all phases of the settlement in a professional and efficient manner. The implementation steps to date include:

- Management of the CMS program in India
- Management of the CMS program in Jamaica
- Participation on core research tasks, such as Contraceptive Security

Expansion of The Futures Group's participation on other CMS activities and programs will depend, in large measure, on USAID funding for core activities and opportunities for new CMS country programs.

AVSC

CMS also concluded an umbrella agreement and three-year subcontract with AVSC in January, 2000. The agreement has a core component that calls for periodic briefings between AVSC and CMS to explore potential collaboration in country programs. Such participation by AVSC on CMS programs would be negotiated on a case-by-case basis. In May 2000, AVSC staff from New York conducted an extensive briefing for CMS staff that provided a thorough basis to identify potential areas where AVSC could assist in designing or implementing CMS country activities. As a result of the briefing, we had follow-up contacts with AVSC regarding our activities in Ghana and Cambodia. In addition we worked with AVSC in Nepal and Uzbekistan this year to obtain training and program design inputs.

IPPF

CMS has a strong affiliation with IPPF. During our second year CMS provided technical assistance on NGO sustainability to IPPF affiliates in Brazil (BEMFAM), Ghana (GSMF), and Peru (MaxSalud). Plans were also made in October to provide a regional training course in Tunisia for Arab IPPF affiliates. However, because of increased tensions in the Near East the training course was postponed until the first quarter of 2001. CMS has also involved IPPF affiliates on a number of partnership agreements, specifically the agreement with Organon in Brazil providing advertising support for a three-month injectable (involving BEMFAM); the potential agreement with Ache in

Brazil to provide marketing support for emergency contraception (involving BEMFAM); and the proposed CELSAM agreement in Guatemala to conduct IEC activities aimed at youth (involving APROFAM). CMS has also investigated several Summa loans to IPPF affiliates (BEMFAM, PROFAMILIA/DR, and GSMF), and have a pending loan to GSMF in Ghana. We continue to explore other potential initiatives in the Latin American region to address the impact of health sector reform and reduced funding resulting from USAID "exit strategies" on the sustainability of IPPF affiliates.